

California Department of Corrections and Rehabilitation

Office of Audits and Compliance



Operational Review

**Folsom State Prison
June 16 Through June 27, 2008**

OFFICE OF AUDITS AND COMPLIANCE

FOLSOM STATE PRISON

EXECUTIVE SUMMARY

The Office of Audits and Compliance, in conjunction with various teams, conducted an audit of Administrative Segregation (Ad Seg) and Due Process, Business Services, Information Security, Inmate Education Programs, Inmate Appeals, Ad Seg Bed Utilization, and Radio Communication, [REDACTED], Case Record, and [REDACTED] Operations at Folsom State Prison (FSP). The audit was performed during the period of June 16, through June 29, 2008. The purpose of the audit was to determine FSP's compliance with State, federal, and departmental rules, regulations, policies, and procedures.

Preliminary audit reports were prepared for each of the audited areas. This executive summary identifies the significant issues identified in each of the preliminary reports. For more information on the areas of interest, please see the detail preliminary report. The Office of Audits and Compliance requested that FSP provide a corrective action plan 30-days from the date of the preliminary report.

A summary of the significant issues is as follows:

Ad Seg and Due Process

Areas of concern are as follows:

- **The Inmate Segregation Profile (CDC 114-A1) Documents Yard Group Designation.** The review team reviewed a random sample of 30 CDC 114-A1s. Of the 30 CDC 114-A1s reviewed, 25 (84 percent) documented the inmate's current yard group designation. The 5 remaining records did not contain this information.
- **CDC 114-A1 Updated Every 90 Days.** The review revealed that in a random sample of 30 CDC 114-A1, 6 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 24 ratable CDC 114-A1s, 21 (86 percent) were updated as appropriate. The 3 remaining CDC 114-A1s were not updated as required.
- **Witnesses on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 26 (87 percent) contained documentation regarding the need for witnesses. The 4 remaining records left this section blank.
- **Staff Assistant (SA)/Investigative Employee (IE) on the Classification Chrono (CDC128-G).** Of the 30 records reviewed, 29 were not ratable, as the need for a SA/IE was properly documented on the CDC 114-D. The 1 ratable record did not document the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- **Witnesses on the CDC 128-G.** Of the 30 records reviewed, 26 were not ratable, as the need for witnesses was properly documented on the CDC 114-D. None of the 4 ratable records contained documentation regarding the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

Business Services

Personnel:

- Accounts Receivables (AR) were not established timely. As of June 23, 2008, there is a backlog of three months (i.e., February 2008, March 2008, and April 2008).
- Custody supervisors were approving Employee Attendance Record CDC 998-As without obtaining appropriate substantiation for leave taken due to military reasons, bereavement, and when sick leave substantiation is required, as well as jury duty.
- The Periodic Position Control Report dated June 1, 2008 shows that two employees were paid out of the same position number, full time employees are paid out of fractional positions, and there are miscellaneous for out of position numbers that should be paid out of a blanket. Additionally, there are employees paid out of positions that have no approved Change in Established Position (Std. 607). This issue over expends the budget authority by \$177,372.92.
- Out of Class assignment requests were not submitted timely, duty statements, organization charts, and completion notices are not included as part of the package. Additionally, qualifying experience is not always documented.
- For bilingual pay, some files did not contain examination results, duty statements and organizational charts. Also, the Bilingual Pay Authorization (Std. 897) was not completed.
- For Institutional Worker Supervisor Pay (IWSP), some files did not contain duty statements, medical clearances and one had no documentation confirming that IWSP was appropriate.

Occupational Health and Safety:

- For Bio-Hazardous waste in the Building II Satellite Clinic, Sharp containers are maintained underneath the sink and not easily accessible. The bio-hazardous waste receptacles foot pedal is inoperable. Therefore, staff used their hands to open and place waste inside of the receptacle.
- For the Hazard Communication Program (HCP), deficiencies were noted at the following locations, Electronic Technicians, Carpenter, Engineer, Garage and Valley Trades Shops. They generally related to Material Safety Data Sheet (MSDS) and accountability of chemicals.

- The Codes of Safe Practices and Hazardous Evaluations maintained at Plant Operations were not updated. Additionally, Codes of Safe Practices has not been developed for the Pedestrian Entrance Building and the Accounting Office.

Plant Operations:

- Plant Operations Maintenance (POM) reports are inaccurate based on the period reviewed (i.e., December 2007 through May 2008).
- Documentation of testing and maintenance of the emergency generators is not prepared in accordance with Institutions Maintenance Unit (IMU) guidelines. Also, there are no local procedures. Additionally, logs maintained by Stationary Engineers and the Garage do not reconcile with the SAPMS's database and permits are not posted (per written instructions) at the equipment site.
- Inmate duty statements were not always present and/or signed by staff and inmates. Inmates are not signed in and out properly and initials are used to certify inmate work time and absences instead of signatures. Unauthorized duplications are made and used which do not have Non correctable copies attached. Additionally, transfer in/out dates and the daily movement sheet (DMS) numbers are missing, reasons for using Exceptional Time Excused (E), Absent (A), and Sick (S) are not documented and the Inmate Work Training/Incentive Program (IWTIP) guidelines have not been reviewed and updated since 2002.
- Equipment Maintenance Data Summary Sheets (EMDSS) are not processed in a timely manner.
- There is no evidence that the SAPMS analyst was adequately trained and there is no trained backup for the position.
- Priorities are not always established based on CDCR guidelines. Work orders are incomplete (i.e., missing asset numbers, task, and inmate time) and supervisors may not review all work orders.
- A backlog, PM work orders are deferred, history reports are not reviewed, and equipment is not tagged for PM (noted in food services). Additionally, PM goals established on the duty statements for the Stationary Engineers and Maintenance Mechanics is 45 percent when they actually spend 2.5 percent of their time processing PM work orders.

Internal Control:

- Controls over distributing payroll warrants are inadequate when Paymasters are Timekeepers who process personnel documents.

- Release Fund Reconciliation sheets are not signed by the preparer or reviewer on a consistent basis. Of the 26 reconciliations reviewed, none were signed by the reviewer and ten were not signed by the preparer.
- Petty Cash Fund Reconciliation sheets are missing for the period July 31, 2007 to April 30, 2008.
- Separation of duties over cash transactions and Inmate Securities is inadequate. One person prepares the Bank Reconciliations, manually signs checks, approves disbursements, reviews deposits, compares deposits to receipts and verifies deposits are made in tack. Additionally, one person performs all aspects of Inmate Securities transactions from receipt to disposition.

Maintenance Warehouse:

Spot checks appear to be performed but are not documented. A spot check was performed by the Audits Branch and it was noted that the spot check did not reconcile with the inventory system. For example, four of the ten items did not reconcile. In the case of three items, the physical inventory was less than the book value and the physical inventory was more than the book value in one instance.

The Order for Storeroom Supplies (Std. 115) was not used to order supplies, and account for inventory. Instead a local requisition form is used. However, local the form is not complete. For example, it is not approved and dated and there are no work order or log numbers assigned to the form.

Information Security

Staff Computing Environment:

- Use Agreements are not on file.
- Annual Self-Certification is not on file.
- Information security training is not current.
- Physical location of computer processing units (CPUs) does not agree with inventory records.
- Staff CPUs are not labeled "No Inmate Access."
- Staff monitors are not visible to inmates.
- Anti virus updates are not current.
- Security patches are not current.

Inmate Computing Environment:

- Physical location of CPUs did not agree with inventory records.
- PCU is not labeled as an inmate computer.
- Anti virus updates are not current.
- Inmate monitors are not visible to the supervisor.
- Portable media is not controlled.
- Telecommunications access is not restricted.

- Operating system access is not restricted.
- Printer access is not restricted.

Inmate Education Programs

Education Administration:

For the Bridging Education Program, there is no documentation of contact with inmates involved in the Bridging Education Program. There is no written records/documentation of any supervisors having contact with students or the Bridging Education Program teacher. The teacher is on long term sick but the students are still active and there are no records of the supervisor contact with teacher or students prior to the teacher leaving on long term sick leave. The teacher is on Long Term Sick Leave and therefore has not met with new inmate assignments to the program. There are no written records of services and student contact by other teachers. The use of a substitute, when available, would solve problem. There is no Office of Correctional Education exclusion/grace period policy if there is no teacher available.

There is no High School required or general elective credits program for academic or vocational classes. However, General Education Development certificates and a few High School Diplomas have been issued in the past. This issue is continuing to be addressed by the Office of Correctional Education. Not all California Department of Corrections and Rehabilitation Form 154 cards are up-to-date. None of the California Department of Corrections and Rehabilitation Form 154s contain credits earned and not all were initialed quarterly as required. Also not all files contained current California Department of Corrections and Rehabilitation Form 128Es. No copies of the California Department of Corrections and Rehabilitation Form 154 or High School Transcript are kept. Files are mailed to the appropriate institution or parole office rather than being taken to Central Records.

Academic Education:

The majority of the teachers did not have the current curriculum recording system in the student folders. None of the teachers are giving elective credits. There is no High School required or general elective credits program for academic or vocational classes. Credits are not being recorded in the California Department of Corrections 154 card that is the official transcript. The issuance of credits for inmate education work completed is continuing to be addressed by the Office of Correctional Education. Most of the teachers are not assigning study packets that are aligned with the California Department of Corrections and Rehabilitation curriculum during lock downs. Also, they are not picking them up, grading them and giving the inmates credit. A small number of the teachers stated that they were delivering packets; others stated that they were told not to deliver packets.

The Distance Learning teacher's primary duty is college coordinating. Since OCE has not funded a college coordinator position this program is out of compliance. The primary focus of the Distance Learning teachers statewide is to provide education services to inmates with Office of Correctional Education approved classes, such as ABE I, II, III, GED and High School. The College program should be secondary.

Vocational Education:

Several files did not have current Test of Adult Basic Education (TABE) test scores. Some files had no TABE test scores for students who had been in the class for over 6 months. Some files had a chronological report verifying a General Education Development Certificate or High School Diploma but no TABE score to verify exempt status. Several of the teachers indicated that they had just completed TABE testing on some of their students but those scores were not yet filed. Several of the programs did not have current 128E reports in the student files. Several were two quarters behind while other files had no 128E reports. The time keeping documents were secured but do not always reflect "S" time for delays in receiving their students

Several teachers have not received training/certification to be able to issue certifications. Training has been requested to the Office of Correctional Education for their staff. Several teachers have not received training/certification to be able to issue certifications.

Inmate Appeals

Timeframes: First-level responses are not completed within 30 days. Several appeals are being returned to the inmates late. The appeals were late due to the time it took to process the appeal through the Administrative Review process.

Administrative Segregation Bed Utilization

This review is presented in three separate case groups (i.e. Disciplinary Process, Incident Report Processing, and Safety Concerns Investigation).

Disciplinary Process:

1. Hearing to Facility Captain Review: Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 1 day to 46 days. On average, the Captain's review of the RVR occurred 15 days after the hearing. **(The Department has no regulatory time constraints; however, the expectation is this time will be within 5 working days.)**
2. Facility Captain to Chief Disciplinary Officer Review: Available information reflected time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer (CDO) ranged from 0 (reviewed same day as Captain) days to 22 days; with 74 percent of the cases being reviewed in 3 days or less. **(The Department has no regulatory time constraints; however, the expectation is this time will be within 3 working days.)**
3. Chief Disciplinary Officer to ICC review: Time from the date the CDO audited the RVR to the case being reviewed by ICC for the RVR ranged from 10 days to 113 days, or an average of 33 days. Only 4 of the 16 cases (25 percent) were reviewed by ICC within 14 days or less of the CDO audit. **(The expectation is the inmate**

will appear before ICC within 14 days. This will allow staff a two-week ICC rotation period.)

Incident Reporting Processing:

1. Incident Date to Investigative Services Unit Receipt of Incident Report: Date from incident occurrence to the date ISU received the incident report ranged from 1 day to 292 days. On average, the incident reports were received by ISU within 25 days with 38 percent of the incident reports being received in 15 days or less. Virtually none of the incident reports were received by ISU within 7 days of the incident. **(The expectation is the complete package will be presented to ISU within 7 calendar days.)**
2. ISU Receipt of Incident Report to Referral to District Attorney/ISU Screen-out: Date from ISU receipt of incident report to referral to DA or ISU screen out ranged from 2 days to 133 days. The incident report receipt to the DA/ISU screen-out averaged 11 days. **(The expectation is the time should not exceed 5 working days.)**
3. DA Referral to Resolution: Date from DA referral to either rejection or acceptance of the case ranged from 13 days to 232 days, for an average of 61 days and 70 percent of the cases being resolved by the DA in 60 days or less. **(This is one area that the institution has no definitive control over).**

Safety Concern Investigations:

1. Investigation Initiation to Completion: Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from 1 day to 81 days. Seventy seven percent of the investigations were completed in 30 days or less. The remaining 23 percent were not completed in 30 days. **(The expectation is this time should not exceed 30 calendar days).**
2. Investigation Completion to ICC Review: Where the information was available, time from conclusion of the investigation to ICC review of investigation results ranged from 0 days to 82 days, based on fourteen cases for which the information could be determined. 36 percent of the cases were seen by ICC within 14 days or less of the investigation completion. **(The expectation is that the inmate will appear before ICC within 14 calendar days. This will allow staff a 2-week rotation period).**

Radio Communication

FSP is in compliance with radio communication.

Security and Escape Prevention

Areas of concern are as follows:

- **Negative Counts.** FSP does not conduct a negative count.

- **Gate Pass Issuance.** There are no gate passes present at the Minimum Support Facility (MSF) and the gate passes at the Entrance and West gates are white, rather than blue or green.
- **Gate Pass Security.** The entrance gate and Unit III work change maintain gate passes in wooden boxes, rather than metal boxes as required.
- **Power Tools—Grinders.** In the Inmate/Ward Labor (IWL) area, a grinder did not have a locking device installed, covering the grinding wheel, as well as the switch or control, so that it cannot be operated except under direct supervision of staff.
- **Key Tags (Chits). The following deficiencies were found:**
 - IWL Warehouse did have tool cages and shadow boards; however, they are not utilizing a chit system.
 - The License Plate Factory tool crib F4 was not utilizing a chit system.
 - The Recycle area was utilizing a chit system; however, there were not enough chits available for all tools checked out.
 - The Vehicle Maintenance Garage tool cribs are left unsecured, allowing inmates to check out tools on their own.
 - The West Gate Vocational Landscaping I has a shadow board, but are not utilizing a chit system.
 - Unit III is not utilizing a chit system for staff equipment.
 - Unit I Counselor's office are not utilizing a chit system for alarms and Oleoresin Capsicum (OC) spray.
- **Inventories—Daily.** The following discrepancies were found:
 - At the IWL Warehouse, daily tool inventories are being conducted by assigned inmate workers, rather than staff. Staff informed the reviewers that they only check the tool inventory once per quarter.
 - A hand saw was found unattended on the MSF yard during count.
 - In the Medical Eye Clinic, the daily inventory was not conducted for three days.
 - The Dental Lab daily inventory was not current.
 - The Prison Industry Authority (PIA) Furniture Assembly daily inventory was not current.
 - The Library inventory was incomplete (the last inventory was 6/17/08).
 - Unit I A Medical's daily inventory was incomplete.
 - Unit I C Medical's daily inventory was incomplete.

The following areas did not maintain a daily inventory:

 - IWL Administration Office (scissors).
 - Third floor Medical X-Ray.
 - Medical Appeals.
 - West Gate Vocation Landscaping.
 - Unit I C Clinic
 - Use of Force Office (scissors)
 - MSF Sergeant's Office (scissors)

The following areas conducted only one daily tool inventory, rather than the two, or more, as required:

- Media Center
- North Gate
- Recycle
- MSF Bicycle Shop

The following areas did conduct tool inventories; however, all inventories for the day were being signed off prematurely.

- PIA Warehouse
- Unit V
- Unit IV Second Tier
- Unit I Medical
- Education (some teachers completed their inventory for the month of June; one week prior to the end of the month).

- **Fire Equipment Maintenance.** Annual apparatus pump testing is not being completed as required.
- **Fire Hydrants.** Annual inspection and testing is not being conducted on fire hydrants as required.
- **Inspection of Outgoing Packages/Mail.** Interviews with mailroom supervisory staff indicated that outgoing mail is not being thoroughly screened. Specifically, when outgoing mail is returned as undeliverable, mailroom staff open the mail and find unauthorized items that were sent out by inmates. If the outgoing mail had been thoroughly searched by First Watch staff as required, these items would have been found prior to mailing.
- **Emergency Keys.** Hot keys and vest issuance sheets are not being maintained appropriately. Specially, the sign out/in columns are not being completed.
- **State Vehicle Key Inventory.** Towers 1, 6, and 13 do not maintain an inventory for State vehicle keys assigned to those towers.

Case Records

Holds, Warrants, and Detainers: There were five areas listed below that need to be brought into compliance with the current policies and procedures.

- Holds are not being dropped in the KCHD system after the inmate is released on parole.
- Desk procedures need to be updated to ensure all HWD processes are incorporated into the procedures.
- Re-instate the Time Server Log.
- Develop a tracking system for PC 1381 process to ensure the 90 day time frame is met.
- Warrant information not accurately reflected in OBIS and on the CDC 112.

Warden's Checkout Order: There are two areas listed below that needs to be brought into compliance with the current policies and procedures.

- The Notices Sent Pursuant to PC 3058.6, PC 3058.8, etc., on the CDC Form 161 Warden's Checkout Order need to include N/A, not applicable for those that do not apply.
- Reviewing the information on the CDC 161 Warden's Checkout Order for accuracy prior to sign-off.

Armory Operations

Policy Documents: FSP do not have the written procedure on site for the following areas: entrance/access, movement of firearms within security perimeter, shipping out and receiving armory equipment, and securing firearm for evidence.

Firearm Access & Accountability: The Weapons Issuance and Return Log, CDCR 655 is not being used for checking out firearms. The sheets, used to account for weapons, are not kept in the same location as the weapons. Additionally, the CDCR 655 forms are filled out incorrectly. The serial number of the firearm must be indicated on the form.

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Office of Audits and Compliance

Folsom State Prison

GLOSSARY

Ad Seg	Administrative Segregation
AR	Accounts Receivable
ASU	Administrative Segregation Unit
CDC 1030	Confidential Information Disclosure
CDC 114-A1	Inmate Segregation Profile
CDC 114-D	Administrative Segregation Unit Placement Notice
CDC 128-G	Witnesses on the Classification Chrono
CDC 647	Personnel Action Request
CDC Form 661	Warden's Checkout Order
CDC Form 850	Detainer Summary
CPU	Computer Processing Unit
DA	District Attorney
DOM	Department Operations Manual
ICC	Information Classification Committee
IE	Investigative Employee
ISU	Investigative Services Unit
IWL	Inmate/Ward Labor
LEF	Lethal Electrified Fence
RVR	Rules Violation Report
Std. 897	Bilingual Pay Request Forms
TBAE	Test of Basic Adult Education

ARDTS	Automated Release Date Tracking System
CCRM	Correctional Case Records Manager
CATS	Central Armory Tracking System
COP	Continue On Parole
CDC 112	Chronological Inmate History
CDC 144	Control Cards
CDC 801	Notice of Detainer
CDC 7219	Report of Injury or Unusual Occurrence
CDC 1697	Inmate Work Supervisor's Time Log
IIPP	Injury and Illness Prevention Plan
ISINS	United States Immigration and Naturalization Service
IWTIP	inmate Work Training Incentive Program
NLW	No Longer Wanted
OC	Oleoresin Capsicum
PM	Preventive Maintenance
SAPMS	Standard Automated Preventive Maintenance System

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
AND
DUE PROCESS

FOLSOM STATE PRISON

JUNE 16 THROUGH JUNE 27, 2008



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

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Review of Administrative Segregation and Due Process

Folsom State Prison

INTRODUCTION

This review of administrative segregation (Ad Seg) operations and due process provisions at the Folsom State Prison (FSP) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Audits and Compliance, between the dates of June 16 through June 20, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation's (CDCR) Department Operations Manual (DOM), CDCR's Use of Force Policy, Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Tony Alleva, Facility Captain; Mark Perkins, Facility Captain; Dave Stark, Correctional Counselor II; Michael Brown, Correctional Lieutenant; Chuck Lester, Correctional Lieutenant; Al Sisneros, Correctional Lieutenant, and Nancy Fitzpatrick, Associate Governmental Program Analyst; of the CPRB.

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary reviewers and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

Review of Administrative Segregation and Due Process

Folsom State Prison

REVIEW SCOPE AND METHODOLOGY

The CPRB conducted an on-site review at FSP during the period of June 16 through June 20, 2008. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of Ad Seg operations and due process provisions. This review and the attached findings represent the formal review of FSP's compliance by CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to FSP's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process.

For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the units, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the reviewers.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was reviewed. Utilizing "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.

Review of Administrative Segregation and Due Process

Folsom State Prison

EXECUTIVE SUMMARY

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at FSP, the Facility was found to be in compliance with 53 (91 percent) of the 58 ratable areas. Four areas were found to be not ratable during this review.

Areas of concern were found in the following areas:

- **The Inmate Segregation Profile (CDC 114-A1) Documents Yard Group Designation.** The review team reviewed a random sample of 30 CDC 114-A1s. Of the 30 CDC 114-A1s reviewed, 25 (84 percent) documented the inmate's current yard group designation. The 5 remaining records did not contain this information.
- **CDC 114-A1 Updated Every 90 Days.** The review revealed that in a random sample of 30 CDC 114-A1, 6 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 24 ratable CDC 114-A1s, 21 (86 percent) were updated as appropriate. The 3 remaining CDC 114-A1s were not updated as required.
- **Witnesses on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 26 (87 percent) contained documentation regarding the need for witnesses. The 4 remaining records left this section blank.
- **Staff Assistant (SA)/Investigative Employee (IE) on the Classification Chrono (CDC128-G).** Of the 30 records reviewed, 29 were not ratable, as the need for a SA/IE was properly documented on the CDC 114-D. The 1 ratable record did not document the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.
- **Witnesses on the CDC 128-G.** Of the 30 records reviewed, 26 were not ratable, as the need for witnesses was properly documented on the CDC 114-D. None of the 4 ratable records contained documentation regarding the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

A complete description of these finding areas may be found in the narrative section of this report.

Review of Administrative Segregation and Due Process

Folsom State Prison

COMPLIANCE RATING BY SUBJECT AREA

SECTION REVIEWED	NO. OF ITEMS REVIEWED	NO. OF ITEMS NOT RATABLE	NO. IN COMPLIANCE	SECTION SCORE
Conditions of Segregated Housing	30	3	25	93%
Due Process	22	0	19	86%
Administration	10	1	9	100%

Review of Administrative Segregation and Due Process

Folsom State Prison

SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under Toussaint v. Gomez are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart utilizes the following symbols to denote compliance ratings:

SYMBOL	DEFINITION
Compliance (C):	The requirement is being met.
Partial Compliance (P/C):	The Institution is clearly attempting to meet the requirement, but significant discrepancies currently exist.
Noncompliance (N/C):	The Institution is clearly not meeting the requirement.
Not Applicable (N/A):	Responsibility for compliance in this area is not within the authority of this Institution.
Not Ratable (N/R):	No measurable instances.

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

Review of Administrative Segregation and Due Process

Folsom State Prison

SUMMARY CHART

REVIEW STANDARD	REVIEW FINDING 4/07	REVIEW FINDING 6/08	PAGE NO.
I. CONDITIONS OF SEGREGATED HOUSING			
1. Living Conditions.	C	C	1
a. Housekeeping and Maintenance.	C	C	2
b. Vector Control.	C	C	2
2. Restrictions.	C	C	3
3. Clothing.	C	C	3
4. Meals.	C	C	4
5. Mail.	C	C	4
6. Visits.	C	C	5
7. Personal Cleanliness.			
a. Showering.	C	C	5
b. Haircuts.	C	C	6
c. Laundry Items.	C	C	6
8. Exercise.	C	C	6
9. Reading Material.	C	C	7
10. Rule Changes.	C	C	8

REVIEW STANDARD	REVIEW FINDING 4/07	REVIEW FINDING 6/08	PAGE NO.
11. Telephones.	C	C	8
12. Institution Programs and Services.	C	C	9
13. Visitation and Inspection.	C	C	9
a. Medical Attention.	C	C	10
14. Management Cells.			
a. Placement.	N/R	N/R	10
b. Reporting.	N/R	N/R	11
c. Transfer.	N/R	N/R	11
15. Access to the Courts.	C	C	12
16. Isolation Log Book.	C	C	12
17. The Inmate Daily Segregation Record (CDC 114-A).			
a. All significant information documented.	C	C	13
b. The Inmate Segregation Profile notes yard group designation.	C	P/C	13
c. The Inmate Segregation Profile notes special information.	C	C	14
d. The Inmate Segregation Profile is updated every 90 days.	P/C	P/C	14
18. Safety.			
a. Fire Safety.	C	C	15
b. Quarterly Fire Drills.	P/C	C	15
c. Documentation.	C	C	16

REVIEW STANDARD	REVIEW FINDING 4/07	REVIEW FINDING 6/08	PAGE NO.
II. DUE PROCESS			
1. Authority.	C	C	17
2. Written Notice.	C	C	17
3. Receipt of CDC 114-D.	C	C	18
4. Confidential Material.	P/C	C	18
5. Review.	C	C	19
a. Staff Assistance.	C	C	19
b. Witnesses.	P/C	P/C	20
c. Inmate Waiver of Time Limitations.	C	C	20
d. Hearing Time Constraints.	C	C	21
e. Decision.	C	C	21
6. Hearing Within 10 Days.	C	C	21
a. Determinations documented on the CDC 128-G.	C	C	22
b. Hearing Date.	C	C	22
c. Inmate Presence.	C	C	23
d. Hearing Officer.	C	C	23
e. SA/IE on the CDC 128-G.	N/C	N/C	24
f. Witnesses on CDC 128-G.	N/C	N/C	24
g. The CDC 128-G notes yard group designation.	N/C	C	25

REVIEW STANDARD	REVIEW FINDING 4/07	REVIEW FINDING 6/08	PAGE NO.
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h. Cell Status.	C	C	25
i. Participation.	C	C	26
7. Classification Review.	C	C	26
8. Classification Staff Representative Review.	C	C	27

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Review of Administrative Segregation and Due Process

Folsom State Prison

COMPARATIVE STATISTICAL SUMMARY CHART

APRIL 2007—JUNE 2008 FINDINGS

RATING	TOTAL 4/07	RATING % 4/07	TOTAL 6/08	RATING % 6/08
COMPLIANCE	56	90%	53	91%
PARTIAL COMPLIANCE	6	10%	3	5%
NONCOMPLIANCE	0		2	4%
NOT RATABLE	8		4	
TOTAL	70	100%	62	100%

Review of Administrative Segregation and Due Process

Folsom State Prison

SUMMARY OF FACILITIES REVIEWED

FSP includes 275 Ad Seg unit beds in this Level I, II, and III Facility. At the time of this review, the Facility was housing 171 Ad Seg inmates.

For the purposes of the review, the CPRB toured the Ad Seg unit, reviewed unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

I

CONDITIONS OF SEGREGATED HOUSING

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.
(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)

Findings

COMPLIANCE

The CPRB review team toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of FSP's Ad Seg unit approximate those of the general population.

- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.
(Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in FSP's Ad Seg unit are provided a clean, properly maintained cell that approximates those of general population inmates. Telephonic and written repair requests are submitted to Plant Operations when repairs are needed. General repairs are completed in a timely manner. Emergency work requests and health and safety issues are completed immediately.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.
(Authority cited: Toussaint vs. McCarthy. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that FSP's Ad Seg unit control vermin and pests by conducting regular inspections of the unit. Regular inspections and pesticide applications provide for the control of vermin and pests. In the event of an infestation, the Ad Seg unit Sergeant notifies Plant Operations and the situation is responded to immediately.

2. **Restrictions.** Whenever an inmate in Ad Seg is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise documented and available for review by administrative and other concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit staff utilize an Informational Chrono (CDC 128-B) to notify appropriate administrative staff as required.

3. **Clothing.** No inmate in Ad Seg will be required to wear clothing that significantly differs from that worn by other inmates in the unit, except that temporary adjustments may be made in an inmates' clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the Ad Seg unit were required to wear clothing that significantly differed from that worn by other inmates in the unit; nor were inmates clothed in a manner intended to degrade or humiliate.

4. **Meals.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, reviewed unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg unit are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the unit. Food items are prepared in the institutional kitchen and transported to the unit in individual meal trays, which are served to the inmate population by unit staff. Meal sample reports and food temperature logs are being utilized by staff.

5. **Mail.** Inmates assigned to Ad Seg, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg unit are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing unit, in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to security housing units shall be prohibited from physical contact with visitors.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all Ad Seg inmates are restricted to non-contact visits. The review team found FSP's Ad Seg visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)

- a. Showering and shaving will be permitted at least three times a week.

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided the opportunity to shower three times per week as required. Razors for shaving are provided during shower periods.

- b. Haircuts will be provided as needed.

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided, upon request, for use in the holding cell.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for general population inmates.

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg unit. These laundry items are exchanged on the same basis as the general population.

- 8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose segregated housing units are equipped with their own recreation yard, the yard periods may substitute for other out of cell exercise periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the FSP's Ad Seg units provide controlled compatible, reintegrated mixed, and walk-alone yard group designations. Inmates are being offered six exercise periods per week with a minimum of 10 hours of outdoor exercise.

9. **Reading Material.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers, as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided library books on a twice-weekly basis. The books are requested from the unit officer who distributes the reading material on Second Watch.

10. **Rule Changes.** The Notice of Change to the CCR shall be posted and made available to all inmates and staff. Notices shall be posted in inmate housing unit, corridors, and other areas easily accessible to inmates, and provided to inmate lock-up unit. The Classification and Parole Representative shall ensure that the inmate population has knowledge of the Board of Prison Terms/Narcotic Addiction Evaluation Authority Rules and of amendments.
(Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Sections 12010.5.8 and 12010.8.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that proposed changes, or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population are conspicuously posted in the inmate movement areas.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in Ad Seg. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that FSP provides Ad Seg inmates telephone usage pursuant to CCR, Title 15, Section 3343 (j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregated housing unit will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance and recreation.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that FSP provides programs to include commissary, library services, recreation, and spiritual counseling. In addition, religious publications are provided upon request.

13. **Visitation and Inspection.** Inmates assigned to Ad Seg, including special purpose segregated units, will be seen daily by the custodial supervisor in charge of the unit and by a physician, registered nurse, or medical technical assistant and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to the Ad Seg unit on all watches. In addition, management staff are available for interviews prior to Institution Classification Committee (ICC) hearings and CDC 114-D segregation placement administrative reviews. Medical and

psychiatric staff are assigned to the unit on Second and Third Watches passing out medication, collecting sick call slips, and screening for medical and mental health needs. During First Watch, medical and psychiatric staff are available to respond to emergencies from the Clinic upon request by unit staff.

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or segregated housing unit, where inmates are segregated for disciplinary or administrative purposes, will ensure that inmates needing medical attention receive it promptly.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit custody staff notify medical staff in the event of any medical situation or emergency. Medical doctor's line is conducted twice weekly. Inmates requiring medical attention are escorted to the Clinic.

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in CCR, Title 15, Section 3332(f).
(Authority cited: PC, Sections 2601(d), 5054, and 5058. Reference: CCR, Title 15, Section 3343(m).
- a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.

Findings

NOT RATABLE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that FSP does not utilize management cells.

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or Administrative Officer of the Day, one of whom will review management cell resident status daily.

Findings

NOT RATABLE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that FSP does not utilize management cells.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.
(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)

Findings

NOT RATABLE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that FSP does not utilize management cells.

15. **Access to the Courts.** Inmates confined in Ad Seg for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3164(a) and (d); DOM, Section 53060.10; and Toussaint v. Gomez.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff and inmates.

The review revealed FSP's Ad Seg unit provides both paging and direct access to a law library. Inmates submit written requests for Law Library services to the Law Librarian, who screens the requests and schedules the inmates for access. Preferred legal users and inmates with court deadlines receive priority access.

16. **Ad Seg Log.** A CDC 114, Isolation Log Book will be maintained in each Ad Seg unit, including special purpose segregated units. One Isolation Log Book may serve two or more special purpose units which are administered and supervised by the same staff members.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that an Isolation Log Book is maintained within the Ad Seg unit. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **CDC 114-A.** A separate record will be maintained for each inmate assigned to Ad Seg, including special purpose segregated units. This record will be compiled on the CDC 114-A and the Inmate Segregation Profile (CDC 114-A1). **(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); DOM, Section 52080.22.5; and IB 98/27.)**
 - a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A.

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that an CDC 114-A is maintained for each inmate assigned to the Ad Seg unit. The CDC 114-As were found to contain significant information, in chronological order, relating to the inmate during the course of segregation.

- b. The CDC 114-A1 documents the inmate's current yard group designation.

Findings

PARTIAL COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review team reviewed a random sample of 30 CDC 114-A1s. Of the 30 CDC 114-A1s reviewed, 25 (84 percent) documented the inmate's current yard group designation. The 5 remaining records did not contain this information.

- c. The CDC 114-A1 documents the inmate's special information.

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

Each (100 percent) of the 30 CDC 114-A1s reviewed documented the inmate's special information.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.

Findings

PARTIAL COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 30 CDC 114-A1s, 6 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 24 ratable CDC 114-A1s, 21 (86 percent) were updated as appropriate. The 3 remaining CDC 114-A1s were not updated as required.

18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.

(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)

- a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate that all employees be instructed and trained concerning their duties and responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.

(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that FSP's Ad Seg unit maintains current procedures regarding fire protection and training.

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.

(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that staff are trained with emergency evacuation plan procedures and evacuation routes are conspicuously posted within the unit. Each (100 percent) of the 12 required simulated emergency fire drills were completed as required.

- c. At the conclusion of fire drills, the area supervisor shall complete a DS 5003, Fire Drill Report, indicating the necessary information and forward a copy to the Fire Chief.
(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that when quarterly simulated emergency fire drills are conducted, DS 5003s are being completed and forwarded to the Fire Chief as required.

II

DUE PROCESS

Procedural safeguards are essential for effective transfers of prisoners from the general prison population to a maximum-security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in Ad Seg, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 29 (97 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The 1 remaining record documented the level of the official ordering placement was an acting Lieutenant.

2. **Written Notice.** The reason for ordering an inmate's placement in Ad Seg will be clearly documented on an CDC 114-D by the official ordering the action at the time the action is taken.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); DOM, Section 52080.25; and IB 98/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Each (100 percent) of the 30 records reviewed clearly documented the reason(s) for Ad Seg placement.

3. **Receipt of the CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in Ad Seg, but not later than 48 hours after such placement.

(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Each (100 percent) of the 30 records reviewed contained documentation that indicated the inmates were given a copy of the CDC 114-D within 48 hours of placement.

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.

(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of 30 records reviewed, 23 were not ratable as the reason for Ad Seg placement was not based upon confidential information. Each (100 percent) of the 7 ratable records included an appropriate Confidential Information Disclosure (CDC 1030) in the central file issued within the required time frame.

5. **Review.** On the first work day following an inmate's placement in Ad Seg, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in Ad Seg is approved at this review, the following determinations will be made at this level.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 28 (93 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 2 remaining records, 1 documented a late Captain's review (1 day late) and 1 record documented a review conducted by an acting Captain with a late counter signature by an Associate Warden (1 day late).

- a. Determine the appropriate assignment of staff assistance.
(Reference: CCR, Title 15, Section 3337(a).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 29 (97 percent) contained documentation of a determination for the assignment of a SA/IE. The 1 remaining record left this section incomplete.

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an Investigative Employee will be assigned to the case. A request to call witnesses must be submitted in writing by the inmate.
(Reference: CCR, Title 15, Section 3337(b).)

Findings

PARTIAL COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 26 (87 percent) contained documentation regarding the need for witnesses. The 4 remaining records left this section blank.

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.
(Reference: CCR, Title 15, Section 3337(c).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 27 (90 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. Of the 3 remaining records, 2 left this section blank and 1 record documented a waiver of the time limitations absent a signature by the inmate.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Section 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.
(Reference: CCR, Title 15, Section 3337 (d).)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Each (100 percent) of the 30 records reviewed contained documentation that the hearing time frames were appropriate based on the inmate's request.

- e. Decision to retain in Ad Seg or release to unit/facility.

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Each (100 percent) of the 30 records reviewed contained documentation that an appropriate decision was made to retain or release the inmate based on the administrative review.

6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within 10 days of receipt in the unit.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3338(a), (b), (c), (d), (g), (h), (i), 3375, and 3339 (b) (2); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Each (100 percent) of the 30 records reviewed contained documentation of an ICC review within 10 days of an inmate's placement in Ad Seg.

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), and (h); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 2 were not ratable as ICC was held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 28 ratable records contained documentation of the determinations arrived at during ICC on the CDC 128-G.

- b. Was the hearing date recorded on the CDC 128-G?
(Reference: CCR, Title 15, Section 3375(g)(9); and DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 2 were not ratable as ICC was held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 28 ratable records contained the appropriate hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 2 were not ratable as ICC was held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 28 ratable records contained documentation to verify the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3375(g)(6-8); DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 2 were not ratable as ICC was held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 28 ratable records identified the hearing officers on the CDC 128-G.

- e. If appropriate, were the SA and the IE identified in the CDC 128-G?
(Reference: CCR, Title 15, Section 3338(c)(i); and DOM, Section 62010.9.1.)

Findings

NONCOMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 29 were not ratable, as the need for a SA/IE was properly documented on the CDC 114-D. The 1 ratable record did not document the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(h) and (i); and DOM, Section 52080.27.3-.4.)

Findings

NONCOMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 26 were not ratable, as the need for witnesses was properly documented on the CDC 114-D. None of the 4 ratable records contained documentation regarding the need for witnesses on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D.

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 2 were not ratable as ICC was held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 28 ratable records contained documentation of the inmate's yard group designation on the CDC 128-G.

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 2 were not ratable as ICC was held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 28 ratable records contained documentation of the inmate's current cell status on the CDC 128-G.

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the Institution Classification Committee's action.
(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 2 were not ratable as ICC was held so recently, the CDC 128-G had not yet been typed. Each (100 percent) of the 28 ratable records contained documentation of the inmate's participation during ICC on the CDC 128-G.

7. **Classification Review.** Instead of ICC reviewing each inmate's case every 30 days, inmates in Ad Seg for non-disciplinary reasons shall require routine review no more frequently than every 90 days or when scheduled by staff for specific action. Inmates segregated for disciplinary reasons shall be reviewed by ICC at least every 180 days or when scheduled by staff for specific action.
(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Of the 30 records reviewed, 21 were not ratable as the inmates had not been on Ad Seg status long enough to require a follow-up review. Each (100 percent) of the 9 ratable records contained documentation of an ICC review as appropriate.

8. **Classification Staff Representative Review.** All inmates retained in Ad Seg at their ten-day Ad Seg hearing shall be referred to the Classification Staff Representative for retention authorization at that initial review.
(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The CPRB examined 30 central files of inmates housed in FSP's Ad Seg unit.

Each (100 percent) of the 30 records reviewed contained documentation that indicated the case had been referred to a Classification Staff Representative for review as appropriate.

III

ADMINISTRATION

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.
(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)

Findings

COMPLIANCE

The CPRB interviewed In-Service Training staff and examined the training records of all Ad Seg staff assigned to the unit for one year or more.

The review revealed that 16 custody staff have been assigned to the Ad Seg unit for one year or more. These 16 staff members are each required to have received 11 specialized training classes. Of the 176 required classes, 159 (90 percent) have been taken.

2. **ICC.** The ICC shall consist of:
 - Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (chairperson);
 - Correctional Administrator or Parole Administrator III (alternate Chairperson);
 - Psychiatrist or Physician;
 - Facility Captain;
 - Correctional Captain;
 - Correctional Counselor III or Parole Agent III, or Correctional Counselor II or Parole Agent II (Committee Recorder);
 - Assignment Lieutenant;
 - Educational or Vocational Program Representative; and

- Other Staff as required.

(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3376(c)(2); and DOM, Section 62010.8.2.)

Findings

COMPLIANCE

The CPRB examined CDC 128-Gs and observed ICC.

The review revealed that the composition of the ICC was in compliance with this standard.

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.

(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)

Findings

COMPLIANCE

The CPRB interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution maintains one Register of Institutional Violations that meets the basic requirements of DOM. A tracking system is used to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order-Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.
(Authority cited: PC, Section 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)

Findings

NOT RATABLE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that there are no identified gun posts assigned to the Ad Seg unit.

5. **Post Order-Job Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job site.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that a current copy of the post order is provided at the job site for 32 (99 percent) of the 33 Ad Seg posts. The 1 remaining post order was outdated (241614).

6. Employees under post orders are required to sign and date the CDC 1860, Post Order Acknowledgment Sheet, verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed there are 57 identified staff who are assigned to 33 Ad Seg unit posts. Of the 71 required signatures, 66 (93 percent) were present acknowledging the understanding of the post orders. Four of the five missing signatures were from First Watch.

- a. **Post Order-Staff.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that unit supervisors ensure that custodial staff assigned to the Ad Seg unit read and understand their post order upon assuming their post.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the Post Order Acknowledgment Sheet. Any torn or missing pages noted shall be replaced as soon as practical.

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to the Ad Seg unit inspect the Post Order Acknowledgement Sheet on a monthly basis.

- c. A Post Order Acknowledgment Sheet shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. Post Order Acknowledgment Sheets shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).
(Authority cited: PC, Sections 5054 and 5058. Reference DOM, Section 51040.6.2.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that FSP utilizes a Post Order Acknowledgment Sheet to allow the staff member to verify, by signature, that they have read and understand the order for the post and this is then countersigned by the supervisor. Each (100 percent) of the 33 post orders reviewed contained the current acknowledgment sheet.

7. **Protective Vests.** All CDCR employees, regardless of personnel classification, entering a Security Housing Unit, Special Management Program, ASU, Temporary Detention Unit, Condemned Housing Unit, Psychiatric Services Unit, or Special Behavioral Treatment Program, shall wear a Stab Resistant Vest when the employee is:
- In direct contact with inmates/wards/patients within the aforementioned units (unrestrained or restrained).

- Escorting inmates/wards/patients housed within the aforementioned units anywhere on institution grounds.
- On the aforementioned unit tiers.

(Authority cited: DOM, Section 33020.16.2.)

Findings

COMPLIANCE

The CPRB toured FSP's Ad Seg unit, examined unit documentation, and interviewed unit staff.

The review revealed that all required staff wear a protective vest while in the Ad Seg unit.

Review of Administrative Segregation and Due Process

Folsom State Prison

GLOSSARY

AB	Administrative Bulletin
Ad Seg	Administrative Segregation
CCR	California Code of Regulations
CDCR	California Department of Corrections and Rehabilitation
CDC 114	Isolation Log Book
CDC 114-A	Inmate Daily Segregation Record
CDC 114-A1	Inmate Segregation Profile
CDC 114-D	Administrative Segregation Unit Placement Notice
CDC 128-B	Informational Chrono
CDC 128-G	Classification Chrono
CDC 1030	Confidential Information Disclosure
CDC 1860	Post Order Acknowledgment Sheet
DOM	Department Operations Manual
DS 5003	Fire Drill Report
IB	Informational Bulletin
ICC	Institution Classification Committee
IE	Investigative Employee
FSP	Folsom State Prison
PC	California Penal Code
SA	Staff Assistant

CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

FOLSOM STATE PRISON

JUNE 16 – JUNE 27, 2008

PRELIMINARY

CONDUCTED BY
THE AUDITS BRANCH



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**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

FOLSOM STATE PRISON

INTRODUCTION

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch conducted an audit of Business Services at Folsom State Prison (FSP). The purpose of the audit was to analyze and evaluate the level of compliance with State and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Delegating Testing;
- Payroll/Accounting;
- Position Control;
- Procurement
- Materials Management (i.e., Warehousing);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

The fieldwork was performed during the period of June 16, 2008 through June 27, 2008. The exit conference was held on June 27, 2008.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Annette Sierra, Deborah Brannon, Michael Robinson, Naomi Banks and Saihra Posas conducted the audit. In addition, Steve Sasson, Office of Risk Management and Press Meyer, Correctional Plant Manager provided subject matter expertise. Patricia Weatherspoon, Senior Management Auditor provided second line supervision and review. Richard C. Krupp, Assistant Secretary of the OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of the prior reports, test of transactions, interviews, observations, periodic management briefings, an exit conference, and issuance of the preliminary audit report.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

FOLSOM STATE PRISON

AUDIT SCOPE

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of FSP's system of management control and compliance to applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

SYMPTOMS OF CONTROL DEFICIENCIES

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

FOLSOM STATE PRISON

CORRECTIVE ACTION PLAN

FSP's corrective action plan (CAP) is due within 30 days of receipt of the preliminary audit report. See Attachment A for a sample of the format.

The CAP is designed to document the institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to Alberto.Caton@cdcr.ca.gov and Rose.Mitjans@cdcr.ca.gov. Send the original to Alberto Caton, (AB), PO Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact Alberto Caton, Correctional Administrator at (916) 358-1801.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

FOLSOM STATE PRISON

EXECUTIVE SUMMARY

The Audits Branch conducted an audit of the Business Services Operations at FSP from June 16 through June 27, 2008. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures. Prior to this audit, the Audits Branch conducted an audit of FSP's business services from May 6 through 24, 2002 and a follow-up audit from September 9 through 12, 2003. Unresolved findings are identified in this report as "Prior Finding".

The exit conference was held on June 27, 2008. The Audits Branch requested that FSP provide a CAP within 30 days of receipt of the preliminary audit report.

Areas audited:

- Personnel Transactions;
- Classification and Pay;
- Delegating Testing;
- Payroll/Accounting;
- Position Control;
- Procurement;
- Materials Management (i.e. Maintenance Warehouses and Property);
- Plant Operations;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

Thirty-two findings are identified in the preliminary audit report, categorized under the following topics:

Category	Number of Findings	Page Number
Administrative Concerns	1	1
Health and Safety	6	1
Internal Control	6	5
Late Detection and Additional Workload	19	8
Total	32	

This executive summary provides the category, a brief description of the finding, criteria, impact, and prior finding, if applicable.

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Personnel (50 percent), Procurement (33 percent), Plant Operations (23 percent), Accounting (12 percent), and Food Services (7 percent).

I. ADMINISTRATIVE CONCERNS

A. Probationary and Individual Development Plans

Supervisors and managers do not prepare probationary reports and Individual Development Plans in a timely manner. For example, as of June 13, 2008, there are 436 reports outstanding that were due during the months of December, 2007 through May, 2008.

Impact: This condition results in employees possibly unaware of their job performance and of work expectations.

II. HEALTH AND SAFETY

A. Occupational Health and Safety

There are deficiencies related to Bio-Hazardous waste. For example, we noted the following deficiencies in Building II Satellite Clinic: Sharp containers are maintained underneath the sink and not easily accessible. The bio-hazardous waste receptacles foot pedal is inoperable, therefore staff uses their hands to open and place waste inside of the receptacle.

Impact: Staff may come in contact with hazardous substances that may transmit diseases.

There are deficiencies related to the Hazard Communication Program (HCP). Deficiencies were noted at the following locations, Electronic Technicians, Carpenter, Engineer, Garage and Valley Trades Shops. These deficiencies generally related to Material Safety Data Sheet (MSDS) and accountability of chemicals.

Impact: This condition could result in an increase threat to life, health, and safety.

Codes of Safe Practices and Hazard Evaluations are not always developed and updated. For example, the Codes of Safe Practices and Hazardous Evaluations maintained at Plant Operations have not been updated since 1991 through 2003. Additionally, Codes of Safe Practices has not been developed for the Pedestrian Entrance Building and the Accounting Office.

Impact: Duties may not be performed in a safe and healthy manner.

B. Plant Operations

There are deficiencies related to the Cross Connection Program (i.e. Backflow devices). For example, there is no master listing, the preventive maintenance schedule is not adhered to, and 51 backflow devices do not have their locations identified on building plot plans.

Impact: This issue results in difficulties determining the location of backflow devices and whether all backflow devices have been tested.

There are a deficiencies related to pest/vector control. For example, there are no local operating procedures, the pest control technician does not maintain a current Branch 2 license and employees and inmates are not given a 48 hour notification prior to the application of chemicals.

Impact: This could result in exposure to chemicals, fines and penalties.

Safety meetings (i.e. tailgates) are not conducted for each maintenance section at least every 10 days and written minutes taken. We noted this condition in 50 percent of the shops tested.

Impact: Safety discussions may not be emphasized and documented in a consistent manner.

III. INTERNAL CONTROL

A. Personnel/Payroll

Controls over distributing payroll warrants are inadequate when Paymasters are Timekeepers who process personnel documents.

Impact: This condition may result in late detection of error, irregularities, theft or misappropriation.

B. Inmate Trust Accounting

Release Fund Reconciliation sheets are not signed by the preparer or reviewer on a consistent basis. Of the 26 reconciliations reviewed, none were signed by the reviewer and 10 were not signed by the preparer.

Impact: Reconciliations do not appear to be reviewed. As a result, this practice could result in late detection of errors and irregularities.

Petty Cash Fund Reconciliation sheets are missing for the period July 31, 2007 to April 30, 2008.

Impact: This condition may result in late detection of errors and irregularities and make it difficult to audit reconciliations sheets.

Separations of duties over cash transactions and Inmate Securities is inadequate. One person prepares the Bank Reconciliations, manually signs checks, approves disbursements, reviews deposits, compares deposits to receipts and verifies deposits are made in tack. Additionally, one person performs all aspects of Inmate Securities transactions from receipt to disposition.

Impact: This condition may result in late detection or error, irregularities, theft or misappropriation.

C. Maintenance Warehouse

Spot checks appear to be performed but are not documented. A spot check was performed by the Audits Branch (AB) and we noted that the spot check did not reconcile to the inventory system. For example, four of the ten items did not reconcile. In the case of three items the physical inventory was less than the book value and the physical inventory was more than the book value in one instance.

Impact: This condition makes it difficult proving that inventory is adequately controlled.

A STD. 115 Order for Storeroom Supplies is not used to issue inventory. Instead a local requisition form is used. However, the form is not complete. For example, it is not approved and dated and there are no work order or log numbers assigned to the form.

Impact: This condition may result in late detection of errors, irregularities, theft and/or misappropriation. Additionally, it may be difficult to reconcile requisitions to work orders.

IV. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Personnel Transactions

Accounts Receivables (AR) are not established timely. As of June 23, 2008, there is a backlog of three months (i.e., February 2008, March 2008, and April 2008).

Impact: This practice results in employees receiving an interest free loan from the State as well as inaccurate and incomplete attendance records. Also, it diminishes personnel's creditability and creates additional workload.

During the review of Retired Annuitant (RA) transactions, we noted that RA's with expirations dates to their appointment have unnecessary transactions processed. For example, six of the twenty-one RA's were appointed with an expiration date noted in their employment history. This note indicates that the appointment will automatically terminate upon date of expiration and no further action is required.

Impact: This issue could result in additional workload for personnel, incorrect employment history, and the completion of reemployment requirements.

Custody supervisors are approving Employee Attendance Record CDCR 998A's without obtaining appropriate substantiation for leave taken due to military reasons, bereavement and when sick leave substantiation is required as well as jury duty.

Impact: This practice could result in late detection of inappropriate leave taken, additional workload and hardships.

B. Position Control

There are reconciling items on the June 1, 2008 Periodic Position Control Report that have not been resolved. For example, two employees were paid out the same position number, full time employees are paid out of fractional positions and there are miscellaneous payments out of position numbers that should be paid out of a blanket. Additionally, there are employees paid out of positions that have no approved STD. 607 Change in Established Position.

Impact: This issue over expends the budget authority by \$177,372.92.

C. Classification and Pay

There are several deficiencies related to processing Out of Class assignments. For example, requests are not submitted timely, duty statements, organization charts and completion notices are not included as part of the package. Additionally, qualifying experience is not always documented.

Impact: This practice could result in the loss of FSP's extended delegation.

There are deficiencies related to processing bilingual pay. For example, 2 of the 11 files reviewed did not contain examination results, duty statements and organizational charts. Also the STD. 897 Bilingual Pay Authorization were not completed.

Impact: This practice could result in delays or disapproval of compensation.

There are deficiencies related to processing Institutional Worker Supervisor Pay (IWSP). For example, five of the ten files reviewed did not contain duty statements, medical clearances and one had no documentation confirming that IWSP was appropriate.

Impact: This practice could result in hardship to an employee by voiding the IWSP thus causing an overpayment.

D. Inmate Trust Accounting

There are deficiencies related to processing checks. For examples, there are obsolete blank checks that have not been properly destroyed and the signature blocks of mutilated checks are not completely removed.

Impact: These practices could result in late detection of missing state checks and may not prevent the misuse of voided checks.

Holds on inmate funds are not processed in a timely manner (e.g. Dental and Eyeglasses). This occurred in 20 of the 29 holds sampled. The oldest hold dates back to 10/19/07.

Impact: This issue could result in additional workload and loss of State funds.

E. Delegated Testing

There are several deficiencies related to the Building Maintenance Worker, CF examination which has a list date of February 26, 2008. For example, publicity was less than 4 weeks and there is no documentation approving the shorten period, final scores are not properly denoted, competitors were not notified of the examination plan change and Veteran's Preference Points were not verified. Additionally, there is no Competitive Rating Report and the confidential Education and Experience (E&E) rating criteria was filed in the examination history file. Also, there is one deficiency related to the Correctional Supervising Cook examination (i.e., application accepted but applicant not tested).

Impact: Lack of proper documentation in the examination history file may lead to re-administration of the examination and possible illegal hires, if appointments have been made.

The Post Examination Evaluation Form SPB 295, was not completed for the three examinations reviewed. This form provides information regarding any problems that occurred during past administrations of the examination.

Impact: The same problems may reoccur during the next administration of the examination.

The Examination Checklist does not appear to be used to its fullest extent. For example, it indicates that there is a list of accepted applications and a list of rejected applications but no documentation could be found.

Impact: This issue does not ensure standardization of the testing program. Critical steps in the examination process may be overlooked or not completed properly. As a result, the examination may have to be re-administered due to lack of documentation.

F. Plant Operations

Plant Operations Maintenance (POM) reports are inaccurate based on the period reviewed (i.e. December 2007-May 2008). For example, there are over 3, 000 hours of overtime as well as inmate labor that is not reflected on the report. Additionally, the motor pool and locksmiths time is inaccurate.

Impact: This practice may result in inaccurate reports provided to institutional management and Central Office Maintenance Unit SAPMS.

Documentation of testing and maintenance of the emergency generators is not prepared in accordance with Institutions Maintenance Unit (IMU) guidelines. Also, there are no local procedures. Additionally, logs maintained by Stationary

Engineers and the Garage do not reconcile to SAPMS database and permits are not posted (per written instructions) at the equipment site.

Impact: This practice makes it difficult to determine and validate that emergency generators are tested.

The CDCR 1697 (i.e. work supervisors log) is not properly maintained in accordance with the work/training incentive guidelines. We reviewed CDCR 1697s at Valley Trades, Garage, Electricians, Engineers, Electronic Technicians and, Carpenters Shops. Generally, we noted that Inmate duty statements were not always present and or signed by staff and inmates. Inmates are not signed in and out properly and initials are used to certify inmate work time and absences versus signature. Unauthorized duplications are made and used which do not have Non correctable copies attached. Additionally, transfer in/out dates and the Daily Movement Sheet (DMS) number are missing, reasons for using Exceptional Time (E, A, S) Excused, Absent, and Sick are not documented and the Inmate Work Training Incentive Program (IWTIP) guidelines have not been reviewed and updated since 2002.

Impact: These conditions could result in inaccurate documentation of inmate work time.

Equipment Maintenance Data Summary Sheets (EMDSS) are not processed in a timely manner. For example, there are 45 pieces of equipment that have not been placed on a preventive maintenance schedule because of late processing. We also noted that 50 percent of the EMDSS are incomplete. They are missing the date installed, cost, make, serial number etc.

Impact: This condition results in difficulties identifying equipment and establishing PM schedules.

The SAPMS analyst does not appear to be adequately trained and there is no trained backup.

Impact: The database may not be updated and reports may not be accurate.

There are several deficiencies related to processing work orders. For example, priorities are not always established based on CDCR guidelines, work orders are incomplete (i.e. missing asset numbers, task and inmate time) and supervisors may not review all work orders.

Impact: This practice could result in late detection of irregularities and whether work orders are properly processed.

There are deficiencies related to performing Preventive Maintenance (PM). For example, there is a backlog, PM work orders are deferred, history reports are not reviewed, and equipment is not tagged for PM noted in food services. Additionally, PM goals established on the duty statements for the Stationary Engineers and Maintenance Mechanics is 45 percent when they actually spend 2.5 percent of their time processing PM work orders.

Impact: This issue could result in late detection of problems associated with equipment, decrease efficiency and possibly result in additional cost due to repairs.

FINDINGS AND RECOMMENDATIONS

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Personnel (50 percent), Procurement (33 percent), Plant Operations (23 percent), Accounting (12 percent), and Food Services (7 percent).

I. ADMINISTRATIVE CONCERNS

A. Probationary and Individual Development Plans

Supervisors and managers do not prepare probationary reports and Individual Development Plans in a timely manner. For example, as of June 13, 2008, there are 436 reports outstanding that were due during the months of December 2007 through May 2008.

This condition results in employees possibly unaware of their job performance and/or work expectations.

Personnel Transaction Manual (PTM), Section Agency Responsibility, 900.1, states in part, "... each State agency is responsible for the administration of the performance appraisal program for permanent and probation employee. The success of programs will depend largely on the effectiveness of training provided in the agency for employees, supervisors, and management at all levels. Each agency shall adopt a system of performance appraisals in accordance with the rules of the State Personnel Board."

Recommendation

Establish a procedure to ensure that performance reports and IDP's are completed in a timely manner. In addition, the personnel office should include a process that notifies management of whose reports are delinquent.

II. HEALTH AND SAFETY

A. Occupational Health and Safety

1. Bio-Hazardous Waste

There are deficiencies related to Bio-Hazardous waste. For example, in Building II Satellite Clinic, sharp containers are maintained underneath the sink and not easily accessible. The bio-hazardous waste receptacles foot pedal is inoperable. As a result, staff uses their hands to open and place waste inside of the receptacle.

This issue could result in staff coming in contact with hazardous substances that may transmit diseases.

The Medical Waste Management Act as defined by the Health and Safety Code Chapter 6.1, Sections 117600 – 117800 states in part, Handling, Storage, Treatment and Disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, as referenced above and as described in this Chapter and in Chapter 8, Communicating Hazards and Recordkeeping. It shall also be done in a manner that observes Universal or Standard precautions. C. Disposal of Sharps Containers 1. When moving containers of contaminated sharps from the area of use, the containers shall be: _ closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping. _ placed in a secondary container if leakage is possible. The second container shall comply with all provisions listed in 2, below 2. Contaminated sharps shall be discarded immediately in containers that are able to be closed, puncture resistant, leak-proof, and labeled in accordance - 3.7 - 1/11/02 with the recommendations of the Cal/OSHA BBP Standard (see Chapter 8, Communicating Hazards and Recordkeeping). 3. Reusable containers shall not be opened, emptied or cleaned manually in any manner that might expose employees to the risk of injury.

RECOMMENDATION

Adhere and comply with the Medical Waste Management Act, Section(s) 117600-118360.

2. Hazardous Communication Program

There are deficiencies related to the Hazard Communication Program. Deficiencies were noted at the following locations Electronic Technicians, Carpenter, Engineer, Garage and Valley Trades Shops. These deficiencies generally related to Material Safety Data Sheet (MSDS) and accountability of chemicals.

This condition could result in an increase threat to life, health, and safety.

The California Code of Regulations (CCR) Title 8, Section 5194 HCP, states in part, "Department heads shall monitor daily compliance with this procedure in the areas of their responsibility . . . Each area supervisor shall ensure that every person required to work with or use hazardous, toxic, volatile substances is appropriately trained." DOM Section 52030.2, states in part, "This procedure shall establish a method for the identification, receipt, training, issue, handling (or use), inventory and disposal of hazardous substances, which is in compliance with all federal, state and local laws or ordinances." DOM Section 52030.4.1, states in part, "Maintain a constant daily inventory of all hazardous substances used or stored "

Recommendation

Adhere and comply with the CCR, Title 8 and the DOM.

3. Codes of Safe Practice and Hazard Evaluations

Codes of Safe Practices and Hazard Evaluations are not always developed and updated. For example, the Codes of Safe Practices and Hazardous Evaluations maintained at Plant Operations have not been updated since 1991 through 2003. Additionally, Codes of Safe Practices has not been developed for the Pedestrian Entrance Building and the Accounting Office.

This issue could result in duties not performed in a safe and healthy manner.

DOM 31020.3, Objectives, states in part "All systems shall meet or exceed the minimum safety and health standards of the General Industry Safety Orders (GISO), CCR (8); Manual of Standards for Adult Correctional Institutions, American Corrections Association (ACA); National Fire Protection Association (NFPA) Life Safety Codes; H&SC; and all other applicable federal, state, and local laws, ordinances, and codes regarding occupational safety, environmental health, and fire prevention and control." "FSP IIPP section X, states in part, "Record keeping requirements of the CCR, Title 8, section 3203 (D) will be adhered to, including: Maintenance of all written documents for five years. Other forms of employer-to-employee communications on safety topics include specific posters, letters, meetings etc... Local procedures include but are limited to Code of Safe Practices and other job-specific hazards. . ."Reference: CCR title 8 sections 1669-1672.

Recommendation

Adhere to the DOM, and the FSP, IIPP program.

B. Plant Operations

1. Cross Connection Program (Backflow Devices)

There are deficiencies related to the Cross Connection Program (i.e. Backflow devices). For example, there is no master listing, the preventive maintenance schedule is not adhered to, and 51 backflow devices do not have their locations identified on building plot plans.

This issue results in difficulties determining the location of backflow devices and whether all backflow devices have been tested.

CA Plumbing Code (CPC) 603.3.2, states in part, "The premise owner or responsible party shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation

and at least on an annual schedule thereafter or more often when required” SAPMS guidelines, states in part, “establish an effective and efficient Preventive Maintenance (PM) procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment.” California Department of Health Services (DHS) Drinking Water and Environmental Management Division recommends that test results should be kept on file in a central location.

Recommendation

Create a master listing or use plot plans to identify all locations and devices, maintain accurate data within the SAPMS and test backflows on an annual basis. Continuous education of staff should be encouraged.

2. Pest/Vector Control

There are a deficiencies related to pest/vector control. For example, there are no local operating procedures, the pest control technician does not maintain a current Branch 2 license and employees and inmates are not given a 48 hour notification prior to the application of chemicals.

This practice could result in exposure to chemicals, fines and penalties.

Bargaining Unit 1 Memorandum of Understanding (MOU), states, “Whenever a department utilizes a pest control chemical in State owned or managed buildings/grounds, the department will provide at least 48 hours notice prior to application of the chemical...” Specifications for the Pest Control Technician (PCT), State of California, require the minimum qualifications that a Branch 2 license issued by the Structural Pest Board of the California Department of Consumer Affairs... “The essential duties and responsibilities per the FSP duty statement for the pest control technician are to maintain the appropriate license...”

CCR Title 15, Subchapter 5 Article 1, 3380(c), state in part, “Subject to the approval of the Wardens, Superintendents and parole Region Administrators will establish such operational plans and procedures as are required for implementation of regulations and as may otherwise be required for their respective operations. . . Such procedures will apply only to the inmates, parolees, and personnel under the administrator”. Notice of Change (NC) DOM 00-01 states in part “If no local procedures exist, omit the reference to local procedures. Each institution/facility and parole region shall independently implement local procedures in accordance with all applicable laws and regulations governing those policies and procedures which are not covered by an approved DOM article.”

Recommendation

Adhere and comply with the CCR Title 15 and the Notice of Change (NC) DOM 00-01. Bargaining Unit 1 MOU, Section 10.28, FSP duty statement and the State Personnel Board (SPB) PCT specifications.

3. Safety Meetings

Safety meetings (i.e. tailgates) are not conducted for each maintenance section at least every 10 days and written minutes taken. We noted this condition in 50 percent of the shops tested.

Safety discussions may not be emphasized and documented in a consistent manner.

CCR, Title 8, Article 3 section 8406(e) IIPP states in part “supervisory personnel shall conduct “toolbox” or “tailgate” safety meetings with their crews at least weekly on the job to emphasize safety. A record of such meetings shall be kept, stating the meeting date, time, place, supervisory personnel present subjects discussed and corrective action taken, if any, and maintained for inspection.”

Recommendation

Adhere to the CCR, Title 8.

III. INTERNAL CONTROL

A. Personnel/Payroll

Controls over distributing payroll warrants are inadequate when Paymasters are Timekeepers who process personnel documents.

This condition may result in late detection of error, irregularities, theft or misappropriation.

SAM Section 8580.1, states in part, “State agencies will observe the following separation of duties in designating persons who can certify or process personnel documents. Employees who receive salary warrants from State Controller Office (SCO), or distribute salary warrants to employees, or handle salary warrants for any other purpose will not be authorized to process or sign any of the following personnel documents; d. Absence and Additional Time Worked Report, STD. 634 (the STD. 634 has been replaced by the CDC 998A). Departments will review duties at least semiannually or more often if necessary to comply with this section.”

Recommendation

Establish a procedure that complies with the SAM policy and monitor for compliance.

B. Inmate Trust Accounting

1. Release Fund Reconciliation

Release Fund Reconciliation sheets are not signed by the preparer or reviewer on a consistent basis. Of the 26 reconciliations reviewed none were signed by the reviewer and 10 were not signed by the preparer.

This practice could result in late detection of errors and irregularities and give the appearance that reconciliations are not reviewed.

SAM 7908, states in part, "All reconciliations will show the preparer's name, reviewer's name, date prepared, and date reviewed."

Recommendation

Ensure that reconciliation are signed and reviewed.

2. Petty Cash Fund Reconciliation

Petty Cash Fund Reconciliation sheets are missing for the period July 31, 2007 to April 30, 2008.

This condition may result in late detection of errors and irregularities and make it difficult to audit reconciliations sheets.

SAM 7908, states in part, "All reconciliations will show the preparer's name, reviewer's name, date prepared, and date reviewed." Additionally, SAM 8111.2, states in part, "The frequency of the reconciliation should be done monthly, quarterly or annually depending on the size of the fund."

Recommendation

Ensure that reconciliation are completed and accounted for.

3. Separation of Duties

Separations of duties over cash transactions and Inmate Securities is inadequate. One person prepares the Bank Reconciliations, manually signs checks, approves disbursements, reviews deposits, compares deposits to receipts and verifies deposits are made in tack. Additionally, one person performs all aspects of Inmate Securities transactions from receipt to disposition.

This condition may result in late detection or error, irregularities, theft or misappropriation.

Sam 8080.1, states in part, "no one person should perform more than one of the following types of duties: approving disbursement document, comparing

machine-signed checks with authorizations and supporting documents and reconciling bank accounts ...”

SAM Section 20500, Internal Control, states in part, “...elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 1. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets...3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues and expenditures....”

Recommendation

Ensure the duties are adequately separated.

C. Maintenance Warehouse

1. Spot Checks

Spot checks appear to be performed but are not documented. A spot check was performed by the Audits Branch (AB) and we noted that the spot check did not reconcile to the inventory system. For example, four of the ten items did not reconcile. In the case of three items, the physical inventory was less than the book value and the physical inventory was more than the book value in one instance.

This condition makes it difficult proving that inventory is adequately controlled and could result in late detection of errors and irregularities.

DOM 22030.10.1 Stock Records, states in part, “The stock record, which serves as a joint purchasing/financial/operational record, shall be kept current and accurate at all times...”

Recommendation

Document spot checks and reconcile to the inventory system.

2. STD. 115 Order for Storeroom Supplies

A STD. 115 Order for Storeroom Supplies is not used to issue inventory. Instead a local requisition form is used. However, the form is not complete. For example, it is not approved and dated and there are no work order or log numbers assigned to the form.

This condition may result in late detection of errors, irregularities, theft and/or misappropriations. Additionally, it may be difficult to reconcile requisitions to work orders.

DOM 22030.11.7, Distribution of Materials, states, "Materials shall be issued from warehouses on a STD Form 115, Order for Storeroom Supplies, or a local form that contains the same basic information as the STD Form 115. The requisition shall show the date of the requisition, the unit to be charged, the stock item number and description, quantity ordered, and signature of requester. The requisition shall be signed by the approving officer who shall retain the triplicate copy until the order is filled. The approving officer shall send both the original and duplicate copies of the requisition to the warehouse."

Recommendation

Update form with all required fields. Additionally, ensure that the form is used properly.

IV. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Personnel Transactions

1. Accounts Receivable

Accounts Receivables (AR) are not established timely. As of June 23, 2008, there is a backlog of three months (i.e., February 2008, March 2008, and April 2008).

This practice results in employees receiving an interest free loan from the State as well as inaccurate and incomplete attendance records. Also, it diminishes personnel's creditability and creates additional workload.

Administration Bulletin 04 – 01, issued January 8, 2004, Attendance Record Policy – Bargaining Unit 06 and Aligned Non-Represented Employees, states in part, "Leave taken without available leave credits is subject to an AR, the recovery of overpayment for the unapproved leave. Failure to turn in a completed CDC 998-A may result in an AR established in accordance with Bargaining Unit 06, Memorandum of Understanding, Section 15.12, and Side Letter 4."

Recommendation

Develop a plan to eliminate the backlog and monitor the process for compliance.

2. Retired Annuitant

During the review of RA transactions, we noted that RA's with expirations dates to their appointment have unnecessary transactions processed. For example, six of the twenty-one RA were appointed with an expiration date noted in their employment history. This note indicates that the appointment will automatically terminate upon date of expiration and no further action is required.

This issue could result in additional workload for personnel, incorrect employment history, and the completion of reemployment requirements.

Essential Information from the Office of Personnel Services, Retired Annuitant Appointment, Retaining and Discontinuing RA Services, states in part, "The program/institution will need to rehire those RA's whose services will be retained the following fiscal year with a hire effective date of July 1st. RA's that are retained for the next fiscal year will not be separated; therefore, they are not required to complete pre-employment requirements from year to year with the exception of annual TB testing, DPA 715 and DE 1181."

Recommendation

Provide training to Personnel Specialist regarding the RA hiring process and monitor for compliance.

3. Employee Attendance Record CDCR 998A's

Custody supervisors are approving CDCR 998A's without obtaining appropriate substantiation for leave taken due to military reasons, bereavement and when sick leave substantiation is required as well as jury duty.

This practice could result in late detection of inappropriate leave taken, additional workload and hardships.

Administrative Bulletin 04-01, Attendance Record Policy – Bargaining Unit 06 and Aligned Non-represented Employees, Section Supervisor Responsibility – PPAS & Non-PPAS, states in part, "The supervisor will: Audit the CDCR form 998-A for accuracy and completeness. Determine if leave credit use is appropriate in accordance with the MOU (R06) or DPA Rules (S06, C06, and M06).

Recommendation

Provide training to the custody staff regarding the Attendance Record Policy and monitor for compliance.

B. Position Control

1. Periodic Position Control Report

There are reconciling items on the June 1, 2008 Periodic Position Control Report that have not been resolved. For example, two employees were paid out the same position number; full time employees are paid out of fractional positions and there are miscellaneous payments out of position numbers that should be paid out of a blanket. Additionally, there are employees paid out of positions that have no approved STD. 607 Change in Established Position. See the table below for specifics.

Issues	Position #	Pay Periods	Over Expenditure
Two employees were paid out of each position number	212-1508-002 213-7979-004 220-8252/8253-001 223-1138-001 228-2295-001	7/07-2/08 2/08 3/08-5/08 11/07 7/07	\$39,503.41
Miscellaneous payment	203-9662-089 203-9662-106 204-9662-142 213-7979-003 214-8338-002 220-9275-001 261-1139-014	8/07 4/08 11/07 7/07 4/08 10/07-1/08 9/07	\$4,505.76
*Positions Not Established Prior to approval of a STD. 607	213-1139-009 213-1139-013 213-4687-800 214-9255-001 232-2601-005 261-9608-002	1/08-5/08 5/08 12/07 5/08 10/07-5/08 7/07-9/07	\$85,793.11
Fractional Positions w/Full Time Employees Paid out of Fractional Positions numbers	201-9659-083 213-7979-001 213-8257-005 222-9904-031	3/08-4/08 7/07-4/08 2/08 9/07-5/08	\$47,570.64
Appointment Correction	222-9904-028	\$0	

* It appears the Std. 607 have been forwarded to headquarters but not processed timely.

This issue over expends the budget authority by \$177,372.92.

Payroll Procedures Manual (PPM), Periodic Position Control Report Monthly, C 309, states, Periodic Position Control (PPC) Report lists each position in which personnel-months expended exceed personnel-months authorized by form STD. 607; i.e., payments were issued from unauthorized positions.

Recommendation

Review the Periodic Position Control Report and resolve reconciling items. Also identify those personnel specialist's who may need training in order to properly identify and resolve reconciling items.

C. Classification and Pay

1. Out of Class Assignment

There are several deficiencies related to processing Out of Class assignments. For example, requests are not submitted timely, duty statements, organization charts and completion notices are not included as part of the package. Additionally, qualifying experience is not always documented.

This practice could result in the loss of FSP's extended delegation.

Refer to the following policies and procedures when processing out of class transactions: Department of Personnel Administration (DPA) Guide to Classification and Pay Policies and Procedures (C&P Manual) Section 375, Out of Class Assignments, Memorandum of Understanding for all collective bargaining units, DPA Rule 599.810, Out-of-Class Assignments, Excluded Employees, DPA Personnel Management Liaison (PML) #2005-012, issued 3/25/05, Delegation of Personnel Management Functions.

Recommendation

Update Managers and Supervisors of their role in regard to the documentation required as well as the timelines. A review class, refresher or full training may be required as turnover would suggest. A memo and hand out to at least let them know that some changes need to be made might be a quick approach until training/refresher can be scheduled.

2. Bilingual Pay

There are deficiencies related to processing bilingual pay. For example, two of the 11 files reviewed did not contain examination results, duty statements and organizational charts. Also the STD. 897 were not completed.

This practice could result in delays or disapproval of compensation.

See CDCR; Personnel Services Operations Manual, Section 230.6 for specifics related to processing bilingual pay.

Recommendation

Personnel should return the package back to the requesting program before initiating payment if the package is not complete. An annual audit by the Personnel Office would prove beneficial.

3. Institutional Worker Supervisor Pay (IWSP)

There are deficiencies related to processing Institutional Worker Supervisor Pay (IWSP). For example, five of the ten files reviewed did not contain duty statements, medical clearances and one had no documentation confirming that IWSP was appropriate.

This practice could result in hardship to an employee by voiding the IWSP thus causing an overpayment.

Refer to the following policies and procedures when processing IWSP transactions: California State Civil Service Pay Scale – Pay Differential 67 Alternate Range Criteria 40, and the Personnel management Policy and Procedures Manual- Medical Clearances, Section 375.

Recommendation

Conduct a review of employees receiving IWSP to ensure that all files are complete and include proper documentation.

D. Inmate Trust Accounting

1. Checks

There are deficiencies related to processing checks. For examples, there are obsolete blank checks that have not been properly destroyed and the signature blocks of mutilated checks are not completely removed.

These practices could result in late detection of missing state checks and may not prevent the misuse of voided checks.

SAM 1750, states in part, “Each agency is responsible for the appropriate disposal of unused (blank accountable forms (examples are checks, receipts, etc.).”

SAM 8041, states in part, “Agencies will cut, tear off, or block out completely the signature portion of these checks....”

Recommendation

Properly document and destroy obsolete checks. Additionally, ensure that the entire signature block is removed when voiding or cancelling checks.

2. Holds on Inmate Funds

Holds on inmate funds are not processed in a timely manner (e.g. Dental and Eyeglasses). This occurred in 20 out of 29 holds sampled. The oldest hold dates back to 10/19/07.

This results in additional workload and loss of State funds.

ITAOOG 235, states in part "... A hold placed on incoming checks will automatically drop in 30 days and may never cause a problem for the inmate." Also ITFM, states in part, "All holds that cannot be collected in the 30-day period will be released."

Recommendation

Ensure that all holds on accounts are released timely. Review the Holds Report frequently to ensure that funds are not lost, and are released when appropriate.

E. Delegated Testing

1. Examinations

There are several deficiencies related to the Building Maintenance Worker, CF examination which has a list date of February 26, 2008. For example, publicity was less than 4 weeks and there is no documentation approving the shorten period, final scores are not properly denoted, competitors were not notified of the examination plan change and Veteran's Preference Points were not verified. Additionally, there is no Competitive Rating Report and the confidential Education and Experience (E&E) rating criteria was filed in the examination history file. Also, there is one deficiency related to the Correctional Supervising Cook examination (i.e., application accepted but applicant not tested).

The lack of proper documentation in the examination history file may lead to re-administration of the examination and possible illegal hires, if appointments have been made.

Refer to the following policies and procedures when processing examinations: CDCR's, Delegated Testing Manual, SPB's, Delegated Testing Manual, Section 130, General Information Security Page 130.5;k, Section B, Publicity/Bulletin/Rider, Bulletin Timeframes, Section D, Procedures for

Reviewing and Detailing an Application, Std. 678, (Rev. 12/2001), and Section J, Education and Experience Evaluation Procedures.

Recommendation

Ensure the applications have the final scores placed on them, perform verification of veteran's preference points and proceed accordingly, prepare a Competitive Rating Report, Education & Experience, and file the confidential testing materials in the appropriate location. Additionally, ensure the examination checklist is used and that the steps are performed and approval is received when necessary.

2. Post Examination Evaluations Recommendation Checklist Form

The Post Examination Evaluation Recommendation Checklist Form, SPB 295, was not completed for the three examinations reviewed. This form provides information regarding any problems that occurred during past administrations of the examination.

This issue could result in reoccurring problems during the next administration of the examination.

Reference the CDCR's, Delegated Testing Manual, Section K7, Post Examination Evaluation – Recommendations Checklist (SPB 295) for specifics.

Recommendation

Ensure the Post Examination Evaluation Recommendation Checklist is completed for each examination administered under the testing program.

3. Examination Checklist

The Examination Checklist does not appear to be used to its fullest extent. For example, it indicates that there is a list of accepted applications and a list of rejected applications but no documentation could be found.

This issue does not ensure standardization of the testing program. Critical steps in the examination process may be overlooked or not completed properly. As a result, the examination may have to be re-administered due to lack of documentation.

Refer to the CDCR's, Delegated Testing Manual, Section A8 and A8.1, Examination Checklist Memorandum and Examination Checklist.

Recommendation

Ensure the examination checklist is used to its fullest extent for each examination administered under the testing program.

F. Plant Operations

1. Plant Operations Maintenance (POM) Report

Plant Operations Maintenance (POM) reports are inaccurate based on the period reviewed (i.e. December 2007-May 2008). For example, there are over 3, 000 hours of overtime as well as inmate labor that is not reflected on the report. Additionally, the motor pool and locksmiths time is inaccurate.

This practice may result in inaccurate reports provided to institutional management and Central Office Maintenance Unit SAPMS.

DPOMPM and the DOM, Section 11010.21.4, states in part, "Compile information for monthly reports as appropriate." SAPMS guidelines, state in part, "Routing copies of the report to the following: Warden, Correctional Administrator, Business Services, and Correctional Plant Manager. . ."

Recommendation

Route, validate, and review reports for accuracy to determine that they accurately reflect Plant Operations activities.

2. Emergency Generators

Documentation of testing and maintenance of the emergency generators is not prepared in accordance with Institutions Maintenance Unit (IMU) guidelines. Also, there are no local procedures. Additionally, logs maintained by Stationary Engineers and the Garage do not reconcile to the SAPMS database and permits are not posted (per written instructions) at the equipment site. See the table below for specifics:

Building #	Location	Asset #	Required Service	Last Documented Service Date
W08	Garage	030000000480	Monthly	January 8, 2008
H05	Utility Room	030000000530	Monthly	July 26, 2008
H03	Housing East End	030000000499	Monthly	August 10, 2006
S10	Tower 1	030000000500	Monthly	August 10, 2006
A01	Administration, East Side	030000000489	Monthly	August 8, 2006

U04	Main Switch Gear	030000000531	Monthly	June 9, 2006
C02	Main Kitchen	030000000539	Monthly	August 10, 2006
W18	FTTF Administration	030000002066	Monthly	not documented

This practice makes it difficult to determine and validate that emergency generators are tested.

Institutions Maintenance Unit (IMU) memo "Emergency Power Generator Systems" dated December 21, 1999 directs institutions to conduct load bank test on emergency generators and recommends that the institution incorporate all assets and task into the SAPMS." Notice of Change to DOM (NCDOM) transmittal letter 00-01, states in part, "Each institution/facility and parole region shall independently implement local procedures in accordance with all applicable laws and regulations governing those policies and procedures which are not covered by an approved DOM article."

Recommendation

Adhere to that IMU guidelines and the NCDOM

3. CDCR 1697 (Work Supervisor Log)

The CDCR 1697 (i.e. work supervisors log) is not properly maintained in accordance with the work/training incentive guidelines. We reviewed CDCR 1697's at Valley Trades, Garage, Electricians, Engineers, Electronic Technicians and, Carpenters Shops. Generally, we noted that Inmate duty statements were not always present and or signed by staff and inmates. Inmates are not signed in and out properly and initials are used to certify inmate work time and absences versus signature. Unauthorized duplications are made and used which do not have Non correctable copies attached. Additionally, transfer in/out dates and the Daily Movement Sheet (DMS) number are missing, reasons for using Exceptional Time (E, A, S) Excused, Absent, and Sick are not documented and the Inmate Work Training Incentive Program (IWTIP) guidelines have not been reviewed and updated since 2002.

These conditions could result in inaccurate documentation of inmate work time.

CCR Title 15 3045, Timekeeping and Reporting, states in part "Supervisors shall be responsible to record and report all work/training time and absence . . . FSP IWTIP guidelines page 4, states in part, "To effectively supervise and document inmates that are assigned to a Work\Training Program, the following must be utilized, The Daily Movement Sheet number(DMS). . Page 10, It is imperative that logs be filled out every day at the start and end of each shift. Page 12, the inmate work supervisors log (CDC1697) is a legal document . . . All supervisors are mandated to use the inmate work supervisors log; the second page (yellow

copy) will be given to the inmate. . . DIRECTIONS TO COMPLETE CDC-1697 STEP 26 states “TIME KEEPERS SIGNATURE. Not initials. . .”

Recommendation

Complete the CDC 1697 as events occur. Maintain IWTIP documents in accordance with IWTIP guidelines and the Title 15.

4. Equipment Maintenance Data Summary Sheets (EMDSS)

Equipment Maintenance Data Summary Sheets (EMDSS) are not processed in a timely manner. For example, there are 45 pieces of equipment that have not been placed on a preventive maintenance schedule because of late processing. We also noted that 50 percent of the EMDSS are incomplete. They are missing the date installed, cost, make, serial number etc.

This condition results in difficulties identifying equipment and establishing PM schedules.

DPOMPM, Section 2.D.5 and SAPMS guidelines, states in part, “All equipment will be clearly identified by placing the unique standard equipment code on each piece of equipment . . . Transfer equipment data from the Equipment Maintenance Summary Data Sheets following the guidelines in the Departmental Standard Plant Operations Maintenance Procedures Manual and develop assignment schedules for the completion of the PM.

Recommendation

Prepare Equipment Maintenance Data Summary Sheets and forward to the SAPMS administrator timely to place newly purchased equipment on a PM schedule. Tag equipment in accordance to the DPOMPM.

5. SAPMS

The SAPMS analyst does not appear to be adequately trained and there is no trained backup.

This issue could result in difficulties updating the database and ensuring that reports are accurate.

DOM section, 11010.12.4.4, states in part, “The Facilities Maintenance units is responsible for the development, implementation, administration, support of the SAPMS...” DOM, Article 2 section 41020.2, states in part, that “the purpose of this policy is to ensure that departmental resources and information technology are used optimally in achieving the Department’s mission and goals, and

objectives. Additionally, this policy assures that the uses of information technology follow the guidelines established internally by CDC management and externally by State control agencies..." DOM article 3 section 41030.4 states" to provide training to all Electronic Data Processors (EDP) staff to ensure staffs overall effectiveness, success and efficiency in providing automated solutions to departmental business problems.

Recommendation

Ensure that the SAPMS analyst is adequately trained to update and maintain the database.

6. Work Orders

There are several deficiencies related to processing work orders. For example, priorities are not always established based on CDCR guidelines, work orders are incomplete (i.e. missing asset numbers, task and inmate time) and supervisors may not review all work orders.

This practice could result in late detection of irregularities and whether work orders are properly processed.

SAPMS guidelines, DPOMPM, states in part, "approved work request will be forwarded to the work order desk and logged in the standard work order request log . . ." "When the tradesperson completes the labor and material portion of the work order, the work order is returned to the trades persons supervisor ... the supervisor will review the completed information and route to the work order desk . . ." " Approved work request will be routed to Plant Operations work order desk and a computerized work order will be prepared. . ." FSP OP number 83 purpose and objectives, states in part, "It is the intent of this procedure to establish an orderly and uniform method of processing and accomplishing services requested of the Plant Operations".

Recommendation

Ensure that work orders are reviewed by supervisors, fully completed, signed, dated and returned in a timely manner.

7. Preventive Maintenance (PM)

There are deficiencies related to performing Preventive Maintenance (PM). For example, there is a backlog, PM work orders are deferred, history reports are not reviewed, and equipment is not tagged for PM noted in food services. Additionally, PM goals established on the duty statements for the Stationary Engineers and Maintenance Mechanics is 45 percent when they actually spend 2.5 percent of their time processing PM work orders.

This issue could result in late detection of problems associated with equipment, decrease efficiency and possibly result in additional cost due to repairs.

DPOMPM, and SAPMS guidelines, states in part, “establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment...” “Without such program equipment will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised.” CUFC 114050, states in part, “All food facilities and all equipment, utensils and facilities shall be kept clean fully operative and in good repair”. FSP OP# 82 Procedures will be enforced by all Plant Operations Supervisors’ and the Staff Services Analyst (SSA) will ensure this procedure is carried out on a daily basis.”

Recommendation

Adhere to the methods of a PM program.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

FOLSOM STATE PRISON

GLOSSARY

AB	Audits Branch
ACA	American Corrections Association
AIM	Accounting Instructional Memorandum
AR	Accounts Receivable
CAP	Corrective Action Plan
CCR	California Code of Regulations
CDC 998-A	Employee Attendance Record
CDC 1064	Work Order Request
CDC 1697	Inmate Work Supervisor's Time Log
CDCR	California Department of Corrections and Rehabilitation
CPC	California Plumbing Code
CUFC	California Uniform Food Code
DHCS	Division of Health Care Services
DHS	Department of Health Services
DOM	Department Operations Manual
DPA	Department of Personnel Administration
DPOMPM	Departmental Plant Operations Maintenance Procedures Manual
DTM	Delegating Testing Manual
DVI	Deuel Vocational Institution
E&E	Education and Experience
ECP	Exposure Control Plan
EDP	Electronic Data Processors
EMDSS	Equipment Maintenance Data Summary Sheets
FLSA	Fair Labor Standards Act
GISO	General Industry Safety Orders
IDP	Individual Development Plans
IIPP	Injury and Illness Prevention Plan
IMU	Institutions Maintenance Unit
ITAOOG	Inmate Trust Accounting Office Operational Guide
ITFM	Inmate Trust Fund Manual
IWTIP	Inmate Work Training Incentive Program
IWSP	Institutional Worker Supervisor Pay
MSDS	Materials Safety Data Sheet
NC	Notice of Change
NFPA	National Fire Protection Association
OAC	Office of Audits and Compliance
OP	Operational Procedure
PIA	Prison Industry Authority
PCT	Pest Control Technician

POM	Plant Operations Maintenance Report
POPM	Plant Operations Procedures Manual
PTM	Personnel Transactions Manual
PPM	Payroll Procedures Manual
RAO	Regional Accounting Office
SAM	State Administrative Manual
SAPMS	Standard Automated Preventive Maintenance System
SCO	State Controllers Office
SPB	State Personnel Board
STD. Form 115	Order for Storeroom Supplies
STD. Form 295	Post Examination – Recommendation Checklist
STD. Form 607	Change in Established Position
STD. Form 897	Bilingual Pay Authorization

SAMPLE FORMAT CORRECTIVE ACTION PLAN				
Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	<p>WRITTEN NOTICE</p> <p>Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.</p>	<p>Facility Captain Do Not use individuals names and do Not use Acronyms.)</p>	<p>A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed.</p> <p>B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense</p>	2/2/2006

California Department of Corrections and Rehabilitation
Office of Audits and Compliance
Information Security Office



Information Security Review

Folsom State Prison

June 23 through June 27, 2008

INFORMATION SECURITY OFFICER

Allen J. Pugnier

AUDITORS

Eric Pederson, Kim Roberts, and Cece Labranch

**Information Security Compliance Review
Folsom State Prison
June 23-37, 2008**

The Office of Audits and Compliance Information Security Branch (ISB) conducted an Information Security Compliance Review of Folsom State Prison between June 23 and June 27, 2008. The review covered 18 different areas. Folsom State Prison was fully compliant in 2 areas, partially compliant in 0 areas, and noncompliant in 16 areas. The overall score is 19 percent. The chart below details these outcomes. Other observations, found at the end of this report, are also noted.

FINDINGS SUMMARY:

		Score	Compliant	Partial Compliance	Noncompliant
STAFF COMPUTING ENVIRONMENT					
1.	Use Agreement (Form 1857) is on file.	0%			NC
2.	Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file.	0%			NC
3.	Information Security Training is current.	44%			NC
4.	Staff can log on using their own password.	100%	C		
5.	Network access authorization is on file.	93%	C		
6.	Physical locations of CPUs agree to inventory records.	21%			NC
7.	Staff CPUs labeled "No Inmate Access."	17%			NC
8.	Staff monitors are not visible to inmates.	21%			NC
9.	Anti virus updates are current.	2%			NC
10.	Security patches are current.	0%			NC

INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)					
11.	Physical location of CPUs agrees to inventory records.	14%			NC
12.	CPU labeled as an inmate computer.	14%			NC
13.	Anti virus updates are current.	0%			NC
14.	Inmate monitors are visible to supervisor.	14%			NC
15.	Portable media is controlled.	0%			NC
16.	Telecommunications access is restricted.	0%			NC
17.	Operating system access is restricted.	0%			NC
18.	Printer access is restricted.	0%			NC

Test Totals	2	0	16
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Overall Percentage 19 percent^[1]

^[1] Scores for computer-related tests reflect the results of testing on the locatable sample computers only. The Institution has not maintained an accurate information technology (IT) inventory. Of the 93 computers ISB attempted to locate using the local inventory, there are 45 computers still missing (33 staff computers and 12 inmate computers).

**Information Security Compliance Review
Folsom State Prison
June 23-37, 2008**

OBJECTIVES, SCOPE AND METHODOLOGY

The objectives of the Information Security Compliance Review are to:

- Assess compliance to selected information security requirements.
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the facility or of the Department.
- Provide information security training for management and staff.

The ISB did not review any Prison Industry Authority computers.

In conducting the fieldwork, the ISB performs the following:

- Interview members of senior management, information technology staff, institutional staff, and computer users.
- Ask staff to provide evidence that all authorized computer users have Acceptable Use Agreement forms and the appropriate training support documentation on file.
- Tests selected information security attributes of users and IT equipment using three different population samples. This includes both staff and inmate computing environments.
- Review various laws, policies, procedures, related to information security in a custody environment.
- Conduct physical inspections of selected computers.
- Observe the activities of the Information Technology support staff.
- Analyze the information gathered through the above processes and formulate conclusions.

FINDINGS AND RECOMMENDATIONS

The ISB provided a copy of our review guide to your IT staff. It contains audit criteria and a detailed methodology. That information, therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed below. ISB staff discussed them with management in an exit conference following the fieldwork. Please contact the ISB if you would like to discuss further, any of these issues.

**Information Security Compliance Review
Folsom State Prison
June 23-37, 2008**

1. The Computing Technology Use Agreements (CDC 1857) are not on file for all computer users. (0 percent compliance)

Recommendation: Require all staff users to complete CDC 1857 before being granted computer access. All Contractors, volunteers, or visitors who use California Department of Corrections and Rehabilitation (CDCR) computers are required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access. (DOM, Sections 48010.8 and 48010.8.2.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

2. The Security Awareness Self-Certification and Confidentiality Agreement form is not on file for all computer users. (0 percent compliance)

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent. (DOM, Section 49020.10.1.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

3. Information Security training is not current for all computer users. (44 percent compliance)

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training. (DOM, Sections 49020.14.1 and 41030.1.)

Best Practices: The Security Awareness Training material can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

**Information Security Compliance Review
Folsom State Prison
June 23-37, 2008**

4. The physical locations of staff computers do not agree to inventory records. (21 percent compliance)

Recommendation #1: Maintain accurate inventory records. Evaluate procedures and resources used to maintain inventory records. (DOM, Sections 46030.1 and 49010.4)

Recommendation #2: The 33 un-locatable staff computers must be found within the 30-day period allowed for developing the corrective action plan. The Institution must certify, in writing, that the un-locatable computers were found or properly surveyed out. The list of un-locatable computers is shown below.

Property Tag Number	Computer Make/Model	Property Tag Number	Computer Make/Model
66042	Compaq D51C	65871	Compaq D51C
64619	HP Vectra VE	63799	HP Vectra VL
65343	Compaq EVO	63795	HP Vectra VL
64074	DFI	S/N: 7LR18	Dell Optiplex GL5166
65417	Compaq D5PM	S/N: 2UA6320QZD	HP DC7600C
65873	Compaq D51C	S/N: 10329792	Gateway E-3110
66219	HP D530C	64946	Compaq EN
62608	Digital Venturis FX-2	66218	HP D53C
65339	Compaq EVO	62630	Digital Venturis FX-2
63798	HP Vectra VL	S/N: 10329801	Gateway E-3110
65350	Compaq D5M	S/N: E98ZC	Dell Optiplex GN
63789	HP Vectra VL	64755	HP Vectra VEi8
65014	Dell Dimension XPS	65308	Compaq D5M
63800	HP Vectra VL	S/N: 10329792	Gateway E-3110
63890	CCS	66039	Compaq D51C
S/N: CNF4061WZY	Compaq NX 9010	62615	Digital Venturis FX-2
65870	Compaq D51C		

Best Practices: A software solution, such as "i-Inventory," should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; updating the inventory each time they relocate or service a computer. The Institution should consider using hand held computers (Blackberry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

5. Staff monitors and computers are not correctly labeled "No Inmate Access." (17 percent compliance)

Recommendation: Each computer in a facility shall be labeled to indicate whether inmate access is authorized. (Title 15 3041.3(d)), (DOM, Sections 49020.18.3 and 42020.6; and ISA 7.3.12.)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

**Information Security Compliance Review
Folsom State Prison
June 23-37, 2008**

6. Staff monitors are not visible to inmates. (21 percent compliance)

Recommendation: Reposition staff monitors or use privacy screens to shield monitors from inmate view. (DOM, Sections 47040.3 and 49010.1.)

7. Staff computers do not have up-to-date antivirus software. (2 percent compliance)

Recommendation: Update antivirus software on all staff computers. (DOM, Section 48010.9.)

8. Staff computers do not have up-to-date security patches. (0 percent compliance)

Recommendation: Update security patches on all staff computers. (DOM, Section 48010.9.)

9. The physical locations of inmate education computers do not agree to inventory records. (14 percent compliance)

Recommendation #1: Maintain accurate inventory records of all inmate/ward computers. Evaluate procedures and resources used to maintain inventory records on these computers. (DOM, Sections 46030.1 and 49010.4.)

Recommendation #2: The 12 un-locatable inmate computers must be found within the 30-day period allowed for developing the corrective action plan. The Institution must certify, in writing, that the un-locatable computers were found or properly surveyed out. The list of un-locatable computers is shown below.

Property Tag Number	Computer Make/Model	Property Tag Number	Computer Make/Model
S/N: 106408	Dunn P-75	S/N: US82912633	HP Vectra VL
70594	HP Vectra VL	S/N: FC4180GT1M1	Apple Quatra 650
S/N: E990N	Dell Optiplex GN	58931	WYSE WY3016SX-40V
61083	Macintosh Performa	65637	Compaq D5PM
S/N: US73704079	HP Vectra VC	65634	Compaq D5PM
S/N: 43610097	DFI	S/N: 106457	Dunn P-75

**Information Security Compliance Review
Folsom State Prison
June 23-37, 2008**

Best Practices: A software solution, such as “i-Inventory,” should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; updating the inventory each time they relocate or service a computer. The Institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

**10. Inmate computers and monitors are not labeled “For Inmate Use Only.”
(14 percent compliance)**

Recommendation: Each computer in a facility shall be labeled to indicate whether inmate access is authorized. (Title 15, Section 3041.3(d); DOM, Sections 49020.18.3 and 42020.6; and ISA 7.3.12.)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

**11. Inmate accessed computers do not have up-to-date antivirus software.
(0 percent compliance)**

Recommendation: Update antivirus software on all inmate computers. (DOM, Section 48010.9.)

**12. Inmate computer monitors were not visible to the supervisor.
(14 percent compliance)**

Recommendation: The approved uses of workstations by inmates shall be carried out only under very tightly controlled circumstances. Inmates using computers must be under “direct and constant supervision.” (DOM, Section 49020.18.3.)

Best Practice: Position all inmate monitors so that the supervisor can easily see all inmate screens.

**Information Security Compliance Review
Folsom State Prison
June 23-37, 2008**

13. Portable media is not being controlled. (0 percent compliance)

Recommendation: All portable media must be tightly controlled and should not be allowed outside of controlled inmate work areas. (DOM, Section 49020.18.3.)

14. Inmate access to telecommunication devices must be restricted. (0 percent compliance)

Recommendation: Restrict inmate access to outside telephone lines, fax machines, and network connections. (DOM 49020.18.3)

15. Inmate computers must have restricted access to the computer operating system and DOS commands. (0 percent compliance)

Recommendation: Configure inmate computers so that access is not available to the noted system files. (DOM, Sections 42020.6 and 49020.18.3.)

Best Practice: Configure inmate computers to allow access to programs and files required by the work or education site only.

16. All inmate accessible printers must have restricted access. (0 percent compliance)

Recommendation: Reports and other printed output from inmate-utilized computers shall be reviewed by staff, and appropriate distribution of such output shall be closely monitored. (DOM, Section 49020.18.3.)

**Information Security Compliance Review
Folsom State Prison
June 23-37, 2008**

OTHER OBSERVATIONS:

Observation 1: Critical data, in some areas, is not being backed up.

Recommendation: Each department manager should identify all data that is critical to their operations, including locally developed databases, and develop back-up and restoration procedures. A back up schedule should be established and enforced. (DOM, Section 48010.9.3.)

Observation 2: No clerical assistance for the IT support function.

Best Practice: Clerical could perform non-technical tasks such as maintain the IT equipment and license inventory, prepare and process procurement documents, enter data into work order systems, etc. Redirecting these non-technical tasks to clerical staff would allow technical staff to devote more time to technical duties. Overall, this would result in better utilization of resources.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

EDUCATION
COMPLIANCE

FOLSOM STATE PRISON

JUNE 16 THROUGH 27, 2008



CONDUCTED BY

EDUCATIONAL COMPLIANCE BRANCH

EXECUTIVE SUMMARY

OFFICE OF AUDITS AND COMPLIANCE

EDUCATION COMPLIANCE BRANCH REVIEW

Folsom State Prison

June 16 through June 27, 2008

TEAM MEMBERS:

*Raul Romero, Associate Superintendent, OAC
G. Lynn Hada, Principal, OAC
Beverly Penland, Vocational Vice-Principal, OAC
John Jackson, Academic Vice-Principal, OAC
Jan Stuter, Principal Librarian, OCE
Tom Posey, Academic Vice-Principal, OCE-IYO
Ron Callison, Vocational Vice-Principal, OCE-VTEA
Mark Lechich, Academic Vice-Principal, OCE-WIA
Sarita Methani, Principal, OCE-EASA*

310 Areas Reviewed

CATEGORIES	PERCENTAGE OF COMPLIANCE
Education Administration	46 ÷ 63 = 73%
Academic Education	41 ÷ 63 = 65%
Vocational Education	26 ÷ 42 = 62%
Library/Law Library	25 ÷ 29 = 86%
Federal Programs	113 ÷ 115 = 98%
Special Programs*	N/A %
Total:	251 ÷ 312 = 80%

Your corrective action plan (CAP) must address each of the deficiencies listed below. The CAP must be submitted to the Superintendent of the Office of Correctional Education for review and/or modification. The CAP then is due to the Office of Audits and Compliance (OAC) for review within 30 days after your receipt of the preliminary report from OAC.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

I. EDUCATION ADMINISTRATION:

73% COMPLIANCE

Deficiency:

#10 Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned? **One teacher had no credential on file at the time the credentials were reviewed. The credential was produced several hours later on the same day. However, the time the files were reviewed is the point of discovery under current guidelines for the Education Compliance Branch.**

#12 Are one hundred percent of the staff job descriptions and duty statements on file and applicable to current position? **A few teachers did not have a duty statement in their supervisory file and other teachers' duty statements were not applicable to their present position.**

#13 Does the institution have an Operational Procedure (OP) that addresses the legislative mandates of the Bridging Education Program? **The current Operational Procedure for the Bridging Education Program refers to Department Operations Manual Chapter 5 rather than Chapter 10 as required.**

#14 Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion? **There is no reference to the Department Operations Manual at all in the Education Program Operational Procedure.**

#26 Is an approved Alternative Education Delivery Model Operational Procedure in place? **The latest revision to the Alternative Education Delivery Model Operational Procedure has not been signed. (June 2008 Revision)**

#27 Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure? **The only half-time Education/Work model just ceased operations. All of the Alternative Education Delivery Model programs do not conform to the Operational Procedure requirement of being a closed entry/closed exit program.**

#28 Are all Alternative Education Delivery Model positions filled? **The only half-time Education/Work model has recently ceased operations. The position was vacant on Thursday, June 19, 2008, during the first week of the audit. There is no Office of Correctional Education exclusion/grace period policy in place for vacancies.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#29 Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures? **Some Alternative Education Delivery Model faculty members did not have Alternative Education Delivery Model duty statements on file.**

#31 Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted? **There is no half-time Education/Work program. The faculty schedules are on the institutional TV. The position was vacant on Thursday, June 19, 2008, during the first week of the audit. There is no Office of Correctional Education 90 day vacancy exclusion/grace period policy in place.**

#37 Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis? **No documentation exists of classroom observations or visitations.**

#38 Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service Training and On-the-Job Training? Have all currently due probationary and annual performance evaluations been completed? **Most academic Annual Performance Reviews were overdue or not present. The vocational Annual Performance Reviews are better but are not all complete.**

#39 Are supervisors documenting their contact with staff and inmates that are involved in the bridging program? **There is no documentation of contact with inmates involved in the Bridging Education Program. There are no written records/documentation of any supervisors having contact with students or the Bridging Education Program teacher. The teacher is on long term sick but the students are still active and there are no records of the supervisor contact with teacher or students prior to the teacher leaving on long term sick leave.**

#50 Has the teaching staff met with each inmate upon assignment to the Bridging Education Program? **The teacher is on Long Term Sick Leave and therefore has not met with new inmate assignments to the program. There are no written records of services and student contact by other teachers. The use of a substitute, when available, would solve problem. There is no Office of Correctional Education exclusion/grace period policy if there is no teacher available.**

#56 Is there a High School credit program and General Education Development Testing program that follows Office of Correctional Education and State requirements? Are High School Diplomas and General Education Development Equivalency Certificates issued to qualified inmates? **There is no High School required or general elective credits program for academic or vocational classes. However, General Education Development certificates and a few High School Diplomas have been issued in the past. This issue is continuing to be addressed by the Office of Correctional Education.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ADMINISTRATION SECTION

#58 Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? **Not all California Department of Corrections and Rehabilitation Form 154 cards are up-to-date. None of the California Department of Corrections and Rehabilitation Form 154s contain credits earned and not all were initialed quarterly as required. Also not all files contained current California Department of Corrections and Rehabilitation Form 128Es.**

#59 Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles? Is the original copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity? Are Education Files prepared for all assigned inmates? Are Bridging Education Program Education Files prepared for all assigned bridging students in the RC and transferred to the GP receiving institution? **No copies of the California Department of Corrections and Rehabilitation Form 154 or High School Transcripts are kept. Files are mailed to the appropriate institution or parole office rather than being taken to Central Records.**

#74 Is there an Recidivism Reduction Strategy expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategy Budget Change Proposal (BCP)? Are inventories of Recidivism Reduction Strategy equipment maintained and current? **There is no inventory maintained of Recidivism Reduction Strategies equipment.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

II. ACADEMIC EDUCATION:

65% COMPLIANCE

Deficiency:

#1 *Are all of the inmate students' job descriptions accurate, complete, signed, and available?* **Some of the teachers did not have signed and dated job descriptions.**

#2 *Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?* **Some of the teachers did not have Test of Adult Basic Education scores in the inmate folders. It appears as if all of the inmate clerks have access to inmate education folders.**

#3 *Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?* **Some of the teachers did not have a California Department of Corrections and Rehabilitation 128-E in the student folders.**

#4 *Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?* **The majority of the teachers did not have the current curriculum recording system in the student folders.**

#8 *Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?* **None of the teachers are giving elective credits. There is no High School required or general elective credits program for academic or vocational classes. Credits are not being recorded in the California Department of Corrections 154 card that is the official transcript. The issuance of credits for inmate education work completed is continuing to be addressed by the Office of Correctional Education.**

#9 *Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum?* **Some of the teachers did not have course outlines, even though a course outline comes with the curriculum framework. However, there were two teachers who had exceptional course outlines. Also some of the teachers did not have the latest curriculum.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#11 Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being administered to Bridging Education Program Students? Are other assessments being used to assess the inmate job skills? **Currently, the Arts in Corrections facilitator is not giving the Test of Adult Basic Education to those inmates who participate in the Arts in Corrections program; however he is giving the inmates the California Adult Student Assessment System test.**

#15 Does the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account? **The Test of Adult Basic Education Coordinator is in the process of receiving his own e-mail account. The Test of Adult Basic Education Coordinator does not have a user account in accordance with the Office of Correctional Education Test of Adult Basic Education requirements. The vice-principals and principal have user accounts.**

#17 Are Test of Adult Basic Education testing protocols signed by current staff? **The Test of Adult Basic Education Coordinator did not have a signed copy. He indicated that the supervisor would have a copy. The audit team advised the coordinator that he needed to have a copy of the signed testing protocols in his Test of Adult Basic Education binder.**

#19 Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator? **The Test of Adult Basic Education Coordinator is in the process of working on a computerized inventory list. Currently he uses a manual system of current inventory. The master inventory needs to reflect all test materials, their location and status.**

#20 Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions? **The Test of Adult Basic Education Coordinator was unable to locate the binder at the time of the compliance review. The binder was located the next day. It was not current or complete. It is necessary for the Test of Adult Basic Education Coordinator to be aware of the current requirements, instructions, etc.**

#24 Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? **Some of the teachers are not using the locator test.**

#28 Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours? **Most of the teachers are not assigning study packets that are aligned with the California Department of Corrections and Rehabilitation curriculum during lockdowns. Also, they are not picking them up, grading them and giving the inmates credit. A small number of the teachers stated that they were delivering packets; others stated that they were told not to deliver packets.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#29 Are the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments? The auditor expressly asked the Television Specialist this question and was told that this is planned to be implemented in the fall.

#30 Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning Study teacher, utilizing the Transforming Lives Network and airing educational programs such as the Kentucky Educational TV General Education Development series on a weekly basis? The auditor expressly asked the Television Specialist this question and was told that this is planned to be implemented in the fall.

#33 Do all of the Education/Work Program classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? The classes were using the California Department of Corrections and Rehabilitation approved curriculum course outlines and lesson plans, but the class was recently closed due to teacher retirement. There is no policy addressing exclusion when there is no teacher available.

#34 Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? The Distance Learning teacher's primary duty is college coordinating. Since the Office of Correctional Education has not funded a college coordinator position this program is out of compliance. The primary focus of the Distance Learning teachers statewide is to provide education services to inmates with Office of Correctional Education approved classes, such as ABE I, II, III, GED and High School. The College program should be secondary.

#36 Are teachers testing inmates within 10 days of being enrolled or assigned to Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? Some of the inmates are being tested, others are not. Some inmates who are assigned to non-education programs are pulled out of their job assignments and taught in two-hour time blocks.

#54 Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained? The Pre-Release teacher did not have the curriculum recording system in place, nor was he maintaining inmate folders on those inmates who were participating in the Pre-Release program.

#65 Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access? This is scheduled to take place in the fall or early in 2009.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
ACADEMIC EDUCATION SECTION

#66 Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty? **The auditor expressly asked the Television Specialist this question and was told that this is planned to be implemented in the fall or early in 2009.**

#69 Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies? **The Physical Education teacher is not involved in the movie selection process. This is in violation of the Department Operations Manual revision dated July 1, 2003, and signed by David Tristan.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
VOCATIONAL EDUCATION SECTION

III. VOCATIONAL EDUCATION:

62% COMPLIANCE

Deficiency:

#2 Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria? Several files did not have current Test of Adult Basic Education test scores. Some files had no Test of Adult Basic Education test scores for students who had been in the class for over 6 months. Some files had a chronological report verifying a General Education Development Certificate or High School Diploma but no Test of Adult Basic Education score to verify exempt status. Several of the teachers indicated that they had just completed Test of Adult Basic Education testing on some of their students but those scores were not yet filed.

#3 Are all of the California Department of Corrections and Rehabilitation 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure? Several of the programs did not have current 128E reports in the student files. Several were two quarters behind while other files had no 128E reports. The time keeping documents were secured but do not always reflect "S" time for delays in receiving their students.

#5 Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs? The Permanent Class Record form does not always indicate "S" time for the delays in receiving their students. Students often arrive late to class due a variety of reasons, including lack of custody to process students, late feeding, etc.

#6 Are elective credits in the designated vocational subject being issued to inmates and recorded on the transcript? Teachers were all aware that this should be done. They are awaiting clarification on when it is appropriate to issue a credit and what is required for the student to earn a credit.

#7 Are Trade/Industry Certifications being issued and recorded to those students earning them? Several teachers have not received training/certification to be able to issue certifications. Training has been requested to the Office of Correctional Education for their staff. Several teachers have not received training/certification to be able to issue certifications. Training has been requested to the Office of Correctional Education for their staff. One teacher needs the National Center for Construction Education and Research training, one teacher the C-Tech training and all of the Office Service teachers need the Microsoft certification training along with the test computer and software. It is recommended that this issue be resolved by the Office of Correctional Education.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
VOCATIONAL EDUCATION SECTION

#9 Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum? **Some of the classes had no course outlines. The Office Services and Related Technology classes and one of the landscaping classes had very good examples. It was suggested they could share their outlines as examples.**

#11 Have the Literacy Implementation Plan sections (applicable to Vocational Education) been incorporated through a core set of literacy materials into the instructional plan and do lesson plans verify this? **A couple of the teachers have no literacy plan. However, several of the teachers had a very good form to document each student's literacy assignments.**

#12 Are Vocational Instructors conducting and documenting at least 4 hours of approved related formal classroom training each week for all inmate students? **Some of the teachers are not documenting their related formal classroom training. Most of the teachers, however, do document and conduct classroom training.**

#13 Are all of the vocational programs that have a nationally recognized certification programs participating in that program? **Several teachers have not received training/certification to be able to issue certifications. Training has been requested to the Office of Correctional Education for their staff. Several teachers have not received training/certification to be able to issue certifications. Training has been requested to the Office of Correctional Education for their staff. One teacher needs the National Center for Construction Education and Research training, one teacher the C-Tech training and all of the Office Service teachers need the Microsoft certification training along with the test computer and software. It is recommended that this issue be resolved by the Office of Correctional Education.**

#18 Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program? **One of the teachers has not attended the Instructor Certification Training Program. A request for training has been sent to the Office of Correctional Education. It is recommended that this issue be resolved by the Office of Correctional Education.**

#28 Are teachers testing within three days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix? **The Test of Adult Basic Education test is not always administered within the 10 day time frame. They sometimes wait until they have several new students to test or wait until one teacher can test all the new students.**

#33 Are current Test of Adult Basic Education subtests placed in student's file? **Not all files had a subtest report for the Test of Adult Basic Education. The teachers indicate they are now receiving the subtest report when they receive the chronological report of Test of Adult Basic Education scores.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
VOCATIONAL EDUCATION SECTION

#38 Is there an Inmate Safety Committee that conducts and records weekly safety inspections? **A couple of programs had not developed or established an Inmate Safety Committee or an inspection sheet.**

#39 Are safety meetings being held and documented? **A couple of programs indicated that safety is imbedded in their program. They need to document what safety procedures or topic was discussed.**

#40 Does the instructor have a documented, Trade Advisory Committee that meets at least quarterly? **A couple of the teachers indicated they can not go to meetings or close their programs and had not maintained their Trade Advisory Committee. Some teachers indicated they were developing their committees. The teachers were advised to document phone contacts with their trade advisory members or new contacts. No written documentation maintained. It is recommended that the Office of Correctional Education resolve TAC meetings issue in relation to the new teacher school calendar.**

#41 Is a current Employment Development Department Job Market Analysis and/or institutional Job Market Survey on file? **One of the teachers could not find his copy of the Employment Development Job Market Analysis survey even before the compliance review members left.**

EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

LIBRARY/LAW LIBRARY SECTION

IV. LIBRARY/LAW LIBRARY:

86% COMPLIANCE

Deficiency:

#16 *Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (inc. Spanish language) and Native American materials?* **The Library has a good variety of textbooks and supplemental titles and a strong multi-ethnic collection. But high interest/low level reading titles are not available. A literacy program with workbooks is maintained in a cabinet in the library but there were no identifiable hi/low reading books in the collection. The Principal Librarian will assist Folsom State Prison in locating appropriate titles this summer when a basic list of adult interest low level reading titles is developed.**

#18 *Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding?* **For a population of approximately 4200 inmates, the library reported 9060 fiction titles and 5982 non-fiction titles. This includes first year Recidivism Reduction Strategies books. Formula amounts are: 16170 fiction titles; 11550 non-fiction titles; the library collection is short 7110 fiction titles and 5568 non-fiction titles. The library has a little more than half of what it should have. It is recommended that a spending and donation plan be developed to increase the numbers with meaningful purchases, setting yearly goals.**

#24 *Is a procedure for accessing the Circulating Law Library in place?* **The Office of Correctional Education is looking for a way to restore this access. It is recommended that the Office of Correctional Education resolve this issue.**

#28 *Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee? Do inmate clerks receive training on a regular basis in law library and general library processes?* **Regular training was stopped because of a suit by an inmate clerk who wanted his certificate to be signed by a special individual. The librarian claims that work assignment sheets show inmates know what they are doing. It is strongly suggested that a new training program be established by the library.**

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
FEDERAL GRANT PROGRAMS SECTION

V. FEDERAL PROGRAMS:

98% COMPLIANCE

Workforce Investment Act Program:

Deficiency:

#27 Have you participated in conferences, workshops and seminars from July 1, 2007–December 31, 2008? If so, provide a list. Mr. Hansen is new in the Literacy Learning Lab Coordinator position and has not attended any conferences, workshops or seminars.

Incarcerated Youth Offender Program:

Deficiency:

No Deficiencies Noted.

Vocational Technical Education Act Program:

Deficiency:

No Deficiencies Noted.

Elementary and Secondary Education Act Program:

Deficiency:

#30 Have you participated in conferences, workshops and seminars in the current fiscal year? If so, provide a list. The teacher has not participated in any conferences, workshops or seminars in this fiscal year.

EXECUTIVE SUMMARY
Office of Audits and Compliance Educational Compliance Branch
SPECIAL PROGRAMS SECTION

IV. SPECIAL PROGRAMS:	N/A	COMPLIANCE
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OVERALL COMPLIANCE RATING: 80%.

Administrative staff is apprised that the ratings presented are to be considered tentative, and are subject to change pending final review by the Assistant Secretary, Office of Audits and Compliance. Significant changes in ratings will be documented with full explanations and forwarded to the Warden within 15 working days after the conclusion of the Compliance Review.

<hr/>	June 27, 2008
G. Lynn Hada, Principal	

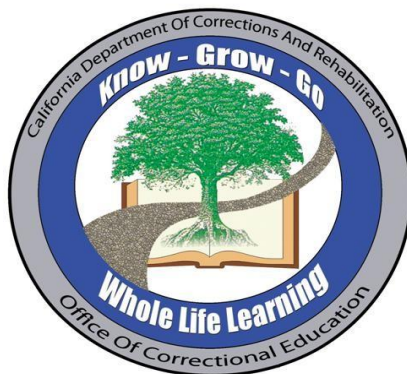
<hr/>	June 27, 2008
Raul Romero, Associate Superintendent	

* Denotes Developmental Disabilities Program (Clark Remedial Plan) and Physical Disabilities Program (Armstrong)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

EDUCATIONAL COMPLIANCE BRANCH



COMPLIANCE REVIEW FINDINGS

Folsom State Prison

June 16 through June 27, 2008

ADMINISTRATION

G. Lynn Hada

ACADEMIC EDUCATION

John Jackson

VOCATIONAL EDUCATION

Beverly Penland

LIBRARY

Jan Stuter

FEDERAL SUPPLEMENTARY PROGRAMS

Mark Lechich Tom Posey
Sarita Mehtani

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

No.	INSTITUTION: FSP DATE: June 16-23, 2008 COMPLIANCE TEAM: G. Lynn Hada	Yes/No or NA	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Allotments/Operating Expenses:</div> <ul style="list-style-type: none"> • Does the Principal maintain a budget tracking system to monitor the school departments' complete budget? • Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance? 	Yes	
2.	Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end?	Yes	
3.	Are funds allocated by Office of Correctional Education available and spent within program areas?	Yes	
4.	Are funds tracked by funding source? General Fund, special Budget Change Proposal funding, Federal and State Grant Programs allocated by Office of Correctional Education?	Yes	
5.	Are allocated funds for the Bridging Education Programs, including Arts In Corrections (AIC), used to provide program services to inmates?	Yes	There is a Services and Expenses in form of contracted services used in the amount of \$10,000.00.dollars

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

6.	Are law library purchases funded by the institution's general budget?	Yes	<p>This item is no longer applicable to the institution. It has been moved to a higher level. The following statement indicates that Office of Correctional Education is attempting to get the Law Library designated funds moved to Program 45 and the California Department of Corrections and Rehabilitation Agency Secretary has been briefed on the problem. The Office of Correctional Education Superintendent on July 3, 2008 provided the following written statement and Budget Change Letter #3 spreadsheet via an email;</p> <p><i>"Here is the distribution to the field of funding for both 06/07 and 07/08 Gilmore collection. We have already processed the 08/09 purchases out of our office and they are currently in Procurement. As the 08/09 budget has not been signed we don't have initial 08/09 allotment to the field. The funding in this BC3 is from Program 45—not the institution Program 25 funds. The Financial Information Memorandum permanently moving Library to education in 2006 is still valid. Due to lack of designated funds we're flagged this to Office of Attorney General and Office of Court Compliance. Furthermore we've briefed Matt Cates and have written a proposal for the funding."</i></p>
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COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

7.	Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated July 13, 2006 instructions when filling vacancies?	Yes	
8.	Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis?	Yes	
9.	Has adequate space and equipment been provided for staff to perform the required duties of the Reception Center/Bridging Education Program, Arts In Corrections program and the Television Specialist?	Yes	
10.	<div style="border: 1px solid black; padding: 2px;">Credentials:</div> <p>Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned?</p>	No	One teacher had no credential on file at the time the credentials were reviewed. The credential was produced several hours later on the same day. However, the time the files were reviewed is the point of discovery under current guidelines for the Education Compliance Branch.
11.	Does the assigned bridging staff hold appropriate credentials and/or placed in the appropriate Re-Entry classification?	Yes	
12.	<div style="border: 1px solid black; padding: 2px;">Duty Statements:</div> <p>Are 100% of the staff duty statements on file and applicable to current position?</p>	No	A few teachers did not have a duty statement in their supervisory file and other teachers' duty statements were not applicable to their present position.
13.	<div style="border: 1px solid black; padding: 2px;">Operational Procedures:</div> <p>Does the institution have an Operational Procedure that addresses the legislative mandates of the Bridging Education Program?</p>	No	The current Operational Procedure for the Bridging Education Program refers to Department Operations Manual Chapter 5 rather than Chapter 10 as required.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

14.	Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion?	No	There is no reference to the Department Operations Manual at all in Education Program Operational Procedure.
15.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Staff Assignments:</div> Does the Principal maintain a current and complete list of all authorized positions and their status?	Yes	
16.	Are all staff appropriately working and/or assigned within the education program?	Yes	
17.	Do all staff within the education program report to, and are under the Principal's supervision?	Yes	
18.	Is the Bridging Education Program Reception Center/General Population/Arts In Corrections fully staffed with supervisory, instructional and ancillary personnel?	Yes	
19.	Are Re-Entry Program instructors, class code 7581, assigned only to the Bridging Education Program (BEP)?	Yes	
20.	When Bridging Education Program vacancy occurs, is it immediately reclassified to class code 2290 Teacher, High School, General Education?	Yes	
21.	Has the Artist Facilitator been officially assigned to the Education Department?	Yes	
22.	Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

23.	Has an individual been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support?	Yes	A Plant Operations Electronics Technician.
24.	When there is a modified program, class closure, etc., is a plan in place to continue to deliver education services and other required educational activities and is the plan always implemented?	Yes	
25.	Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement?	Yes	
26.	<div style="border: 1px solid black; padding: 2px;">Alternative Education Delivery Model (AEDM):</div> Is an approved Alternative Education Delivery Model Operational Procedure in place?	No	The latest revision to the Alternative Education Delivery Model Operational Procedure has not been signed. (June 2008 Revision)
27.	Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure per the Suzan Hubbard memo dated May 5, 2005?	No	The only half-time Education/Work model just ceased operations. All of the Alternative Education Delivery Model programs do not conform to the Operational Procedure requirement of being a closed entry/closed exit program.
28.	Are all Alternative Education Delivery Model positions filled?	No	The only half-time Education/Work model has recently ceased operations. The position was vacant on Thursday June 19, 2008 during the first week of the audit. There is no Office of Correctional Education exclusion/grace period policy in place for vacancies.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

29.	Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures?	No	Some Alternative Education Delivery Model faculty members did not have Alternative Education Delivery Model duty statements on file.
30.	Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines?	Yes	
31.	<ul style="list-style-type: none"> Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas? Are all approved Alternative Education Delivery Model faculty schedules posted? 	No	There is no half-time Education/Work program. The faculty schedules are on the institutional TV. The position was vacant on Thursday June 19, 2008 during the first week of the audit. There is no Office of Correctional Education 90 day vacancy exclusion/grace period policy in place.
32.	<div style="border: 1px solid black; padding: 2px;">Gender Responsive Strategies:</div> Has all education staff received Gender Responsive Strategies training provided by the Female Offender Programs (FOP) institutional administration?	N/A	
33.	Are female inmates' vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course descriptions and vocational guidelines?	N/A	
34.	<div style="border: 1px solid black; padding: 2px;">Certificates of Completion or Achievement:</div> <ul style="list-style-type: none"> Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? 	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

35.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Executive/Supervisory Assignments:</div> <p>Are documented staff meetings held regularly by Principal, Academic Vice Principal (AVP), and Vocational Vice Principal (VVP)? (monthly or more)</p>	Yes	
36.	Is the Principal a member of the Warden's Executive Staff?	Yes	
37.	Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis?	No	No documentation exists of classroom observations or visitations.
38.	<ul style="list-style-type: none"> • Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service-Training and On-the-Job-Training? • Are all probationary and annual performance evaluations currently due completed? 	No	Most academic Annual Performance Reviews were overdue or not present. The vocational Annual Performance Reviews are better but are not all complete.
39.	Are supervisors documenting contact with staff and inmates involved in the bridging program?	No	There is no documentation of contact with inmates involved in the Bridging Education Program. There are no written records/documentation of any supervisors having contact with students or the Bridging Education Program teacher. The teacher is on long term sick but the students are still active and there are no records of the supervisor contact with teacher or students prior to the teacher leaving on long term sick leave.
40.	Are Transforming Lives Network quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

41.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Test of Adult Basic Education:</div> <ul style="list-style-type: none"> • Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card (SPARC)? • Is the principal implementing remedial changes to improve the scores? 	Yes	One teacher has been assigned to other duties that do not require Test of Adult Basic Education testing because of the SPARC results.
42.	Is there a 4.0 reading level report generated and distributed to appropriate staff?	Yes	
43.	Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff?	Yes	
44.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Accreditation:</div> <p>Has the education program been accredited by Western Association of Schools and Colleges (WASC), or has the application for accreditation been submitted to Western Association of Schools and Colleges?</p>	Yes	
45.	<ul style="list-style-type: none"> • Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner. • Is there a leadership team in place and do minutes substantiate regular meetings? 	Yes	
46.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Inmate Enrollment/Attendance:</div> <p>Do Academic, Vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

47.	Has the Institution developed an eligibility list for assigning inmates to the Bridging Education Program?	Yes	
48.	Does the Principal maintain a copy of the current inmate assignment waiting list?	Yes	
49.	Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs?	Yes	
50.	<div style="border: 1px solid black; padding: 2px;">Bridging Program:</div> <p>Has the teaching staff met with each inmate upon assignment to the Bridging Education Program?</p>	No	The teacher is on Long Term Sick Leave and therefore has not met with new inmate assignments to the program. There are no written records of services and student contact by other teachers. The use of a substitute, when available, would solve problem. There is no Office of Correctional Education exclusion/grace period policy if there is no teacher available.
51.	Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit?	Yes	The new arrivals to FSP receive information about educational opportunities during their orientation.
52.	<div style="border: 1px solid black; padding: 2px;">Transforming Lives Network (TLN):</div> <p>Has the Transforming Lives Network satellite dish been installed and operational?</p>	Yes	
53.	Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

54.	Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education?	Yes	
55.	Has Transforming Lives Network enrollment and completion data been tracked?	Yes	But it is not properly reported on the Education Monthly Report.
56.	<div style="border: 1px solid black; padding: 2px;">GED Testing/High School Credit:</div> <ul style="list-style-type: none"> • Is there a High School credit program and General Educational Development (GED) Testing program that follows Office of Correctional Education and State requirements? • Are High School Diplomas and GED Equivalency Certificates issued to qualified inmates? 	No	There is no High School required or general elective credits program for academic or vocational classes. However, General Education Development certificates and a few High School Diplomas have been issued in the past. This issue is continuing to be addressed by the Office of Correctional Education.
57.	<div style="border: 1px solid black; padding: 2px;">Inmate Education Advisory Committee:</div> <p>Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings?</p>	Yes	
58.	<div style="border: 1px solid black; padding: 2px;">Education Files</div> <ul style="list-style-type: none"> • Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions, etc.? • Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.) • Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? 	No	Not all California Department of Corrections and Rehabilitation Form 154 cards are up-to-date. None of the California Department of Corrections and Rehabilitation Form 154s contain credits earned and not all were initialed quarterly as required. Also not all files contained current California Department of Corrections and Rehabilitation Form 128Es.

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

59.	<ul style="list-style-type: none"> Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles? Is there a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity? Are Education Files prepared for all assigned inmates? Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and are they then transferred to the General Population receiving institution? 	No	No copies of the California Department of Corrections and Rehabilitation Form 154 or High School Transcript are kept. Files are mailed to the appropriate institution or parole office rather than being taken to Central Records.
60.	If there are any contracted, Office of Correctional Education sponsored or special programs operating at the institution, have the teachers assigned to these programs received special/related training?	N/A	
61.	<div>Literacy:</div> Are literacy programs available to at least 60% of the eligible prison population?	Yes	
62.	Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal?	Yes	
63.	Does the Site Literacy Committee discuss the Bridging Education Program as part of its quarterly meetings?	Yes	
64.	Is the institution utilizing at least two alternate resources to implement literacy services for inmates?	Yes	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

65.	Is there an established procedure for placing students into any existing Learning Literacy (LLL) lab? (a federally or non-federally funded Computer Aided Instruction /Plato/Computer Lab)	Yes	Inmates are assigned based on their reading levels.
66.	<div style="border: 1px solid black; padding: 2px;">Developmental Disability Program and Disability Placement Program:</div> <p>If this is a Developmental Disability Program and/or a Disability Placement Program site, does the principal have the required documentation that demonstrates adherence to the Court Remedial Plans and California Department of Corrections and Rehabilitation/Office of Correctional Education policies?</p>	N/A	
67.	<div style="border: 1px solid black; padding: 2px;">ESTELLE/Behavior Modification Programs:</div> <p>Is documentation available regarding the original operational intent/concept of the Estelle/Behavior Modification Unit Program and are there actual implementations of the program/programs?</p>	N/A	
68.	Is there an Estelle/Behavior Modification Unit Program monitoring and tracking process in place to record student progress through achievement/progress, data collection, instructional methods, and curriculum?	N/A	
69.	<div style="border: 1px solid black; padding: 2px;">Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</div> <p>Is there an approved Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Operational Procedure (OP)?</p>	N/A	
70.	Are all Recidivism and Reduction Strategy (RRS) Assessment positions filled (part of Correctional Offender Management Profiling for Alternative Sanctions)?	N/A	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

71.	Are all other designated assessment positions filled? Is there a designated supervisor over the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program?	N/A	
72.	Do all designated assessment staff have an individual Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) log-on code? Is the security of the code maintained?	N/A	
73.	Does the assessment staff maintain appropriate security of laptop and/or stand-alone computers utilized for the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment Program?	N/A	
74.	<div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies:</div> <ul style="list-style-type: none"> • Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)? • Are inventories of Recidivism Reduction Strategies equipment maintained and current? 	No	There is no inventory maintained of Recidivism Reduction Strategies equipment.
75.	<div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies Enhanced Outpatient Program:</div> <p>Are all Enhanced Outpatient Program staff hired and in place?</p>	N/A	
76.	Does the Principal (via the Academic Vice-Principal) supervise the Enhanced Outpatient Program Teacher(s) in accordance with California Department of Corrections and Rehabilitation policy?	N/A	

COMPLIANCE REVIEW FINDINGS

EDUCATION ADMINISTRATION SECTION

77.	Have the Enhanced Outpatient Program Teacher(s) received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement?	N/A	
78.	<div>Multi-Agency Re-entry Program (SB 618):</div> Has the institution interviewed and hired for the Prison Case Manager positions as members of the Multi-Disciplinary team?	N/A	
79.	Are the four vocational programs referenced in Senate Bill 618 in place at the institution?	N/A	
80.	Has a documentation process been established to monitor inmate contact time as well as inmate growth and completion of program?	N/A	
81.	<div>Vocational-Recidivism Reduction Strategies</div> Are all original vocational Recidivism Reduction Strategies (RRS) teacher positions filled and are all classrooms operating?	N/A	
82.	Are all Recidivism Reduction Strategies vocational classes at full enrollment?	N/A	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

NO.	INSTITUTION: FSP DATE: June 16-23, 2008 COMPLIANCE TEAM: John Jackson	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Student Job Descriptions:</div> Are all of the inmate students' job descriptions accurate, complete, signed, and available?	No	Some of the teachers did not have signed and dated job descriptions.
2.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Student Records/Achievements:</div> Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?	No	Some of the teachers did not have Test of Adult Basic Education scores in the inmate folders. It appears as if all of the inmate clerks have access to inmate education folders.
3.	Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?	No	Some of the teachers did not have California Department of Corrections and Rehabilitation 128-E's in the student folders.
4.	Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?	No	The majority of the teachers did not have the current curriculum recording system in the student folders.
5.	Do 100% of the Permanent Class Record Cards (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes?	Yes	The Pre-Release teacher is not maintaining inmate folders for those students who are assigned to the Pre-Release class.
6.	Are Certificates of Completion or Achievement being issued to those students earning them?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

7.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Instructional Expectations:</div> <p>Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	Yes	
8.	<p>Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?</p>	No	<p>None of the teachers are giving elective credits. There is no High School required or general elective credits program for academic or vocational classes. Credits are not being recorded in the California Department of Corrections 154 card that is the official transcript. The issuance of credits for inmate education work completed is continuing to be addressed by the Office of Correctional Education.</p>
9.	<p>Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum?</p>	No	<p>Some of the teachers did not have course outlines, including the course outline that comes with the curriculum framework. However, there were two teachers who had exceptional course outlines. Also some of the teachers did not have the latest curriculum.</p>
10.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Bridging Education Program Instructional Expectations:</div> <p>Is each teacher utilizing the established curriculum for Bridging Education Program and does each teacher has a copy of the curriculum?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

11.	Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being Administered to Bridging Students? Are other assessments being used to assess the inmate job skills?	No	Currently the Arts in Corrections facilitator is not giving the Test of Adult Basic Education test to those inmates who participate in the Arts in Corrections program; however he is giving the inmates the California Adult Student Assessment System test.
12.	Does Bridging Education Program teacher utilize the proper Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) that is up to date and accurate?	Yes	
13.	Has the Bridging Education Program teacher developed a written weekly schedule to include student programs and contacts?	Yes	
14.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Test of Adult Basic Education Testing Coordinator:</div> Are gain/loss reports (School Progress Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the education supervisors?	Yes	The Test of Adult Basic Education Coordinator gives the report to the principals and the supervisors for review and they appraise the teachers of the results.
15.	Do the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account?	No	The Test of Adult Basic Education Coordinator is in the process of receiving his own e-mail account. The Test of Adult Basic Education (TABE) Coordinator does not have a user account in accordance with the Office of Correctional Education Test of Basic Adult Education requirements. The vice-principals and principal have user accounts.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

16.	Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)?	Yes	The Test of Adult Basic Education Coordinator uploads the database weekly and then downloads it to the Test of Adult Basic Education computer.
17.	Are Test of Adult Basic Education testing protocols signed by current staff?	No	The Test of Adult Basic Education Coordinator did not have a signed copy. He indicated that the supervisor would have a copy. The audit team advised the coordinator that he needed to have a copy of the signed testing protocols in his Test of Adult Basic Education binder.
18.	Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)?	Yes	
19.	Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?	No	The Test of Adult Basic Education Coordinator is in the process of working on a computerized inventory list. Currently he uses a manual system of current inventory. The master inventory needs to reflect all test materials, their location and status.
20.	Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?	No	The Test of Adult Basic Education Coordinator was unable to locate the binder at the time of the compliance review. The binder was located the next day. It was not current or complete. It is necessary for the Test of Adult Basic Education Coordinator to be aware of the current requirements, instructions, etc.
21.	Is the Test of Adult Basic Education locator test being used when needed to determine which level appropriate Test of Adult Basic Education test to administer?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

22.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Teacher-Test of Adult Basic Education Testing</div> <p>Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?</p>	Yes	The inmates are being tested; however, each teacher is not testing his/her inmates. They have a communal testing system in place, whereby one teacher will do group testing of inmates from other teachers. The Test of Adult Basic Education matrix requires that each teacher test his/her own students.
23.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	Yes	
24.	Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer?	No	Some of the teachers are not using the locator test.
25.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	Yes	
26.	Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes?	Yes	
27.	Are current Test of Adult Basic Education subtests placed in student's file?	Yes	A few of the Test of Adult Basic Education test scores were over six months old.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

28.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Alternative Education Delivery Models:</div> <p>Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours?</p>	No	Most of the teachers are not assigning study packets that are aligned with the California Department of Corrections and Rehabilitation curriculum during lock downs. Also, they are not picking them up, grading them and giving the inmates credit. A small number of the teachers stated that they were delivering packets; others stated that they were told not to deliver packets.
29.	Are the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?	No	The auditor expressly asked the Television Specialist this question and was told that this is planned to be implemented in the fall.
30.	Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning teacher, utilizing Transforming Lives Network and airing educational programs, such as Kentucky Educational TV General Education Development series on a weekly basis?	No	The auditor expressly asked the Television Specialist this question and was told that this is planned to be implemented in the fall.
31.	Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs?	Yes	Inmates who pass their General Education Development test receive certificates of completion.
32.	Do all of the Education/Independent Study (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	In the half-time program inmates are in the class room 6.5 hours every other day.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

33.	Do all of the Education/Work Program (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	They were using the CDCR approved curriculum course outlines and lesson plans, but the class was recently closed due to teacher retirement. . There is no policy addressing exclusion when there is no teacher available.
34.	Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	No	The Distance Learning teacher's primary duty is college coordinating. Since OCE has not funded a college coordinator position this program is out of compliance. The primary focus of the Distance Learning teachers statewide is to provide education services to inmates with Office of Correctional Education approved classes, such as ABE I, II, III, GED and High School. The College program should be secondary.
35.	Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	Yes	
36.	<ul style="list-style-type: none"> Are teachers testing inmates within ten days of being enrolled or assigned to an Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? 	No	Some of the inmates are being tested, others are not. Some inmates who are assigned to non-education programs are pulled out of their job assignments and taught in two-hour time blocks.
37.	<ul style="list-style-type: none"> Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? 	Yes	
38.	Are students' gains being recorded and tracked?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

39.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Gender Responsive Strategies:</div> <p>Do all of the academic life skills classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies (GRS) approved curriculum, i.e.? Women's Conflict and Anger Lifelong Management (W-CALM)(Feb. 2007), Women's Health (July 2007), Women's Parenting (January 2008) Women's Victims (July 2008)?</p>	N/A	
40.	<p>Do all of the academic life skills classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?</p>	N/A	
41.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">ESTELLE and Behavior Modification Unit programs:</div> <p>Is there an effective system in place to track monthly attendance, reporting, and evaluation of assigned inmates, their performance; and participation that allows a clear over-all rating of progress of each student in the Behavior Modification Unit/ESTELLE program?</p>	N/A	
42.	<p>Is there a tracking and evaluation process to determine inmate progress on the Behavior Modification Unit curriculum competencies including Conflict and Anger Lifelong Management and is documentation provided to the Unit Classification Committee every 30 days detailing how the inmates assigned to the Behavior Modification Unit program are performing?</p>	N/A	
43.	<ul style="list-style-type: none"> • Do ESTELLE students have access to computers as required in the framework of the program for training? • Does the teacher have Test of Adult Basic Education scores on all of the students in the program? 	N/A	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

44.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) – Risk and Needs Assessment:</div> <p>Are assessment teachers conducting assessments on eligible inmates as defined by the current Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Operations Manual?</p>	N/A	
45.	Does assessment staff utilize the current standardized Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Tracking Form?	N/A	
46.	Are the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) questionnaires shredded daily in accordance with the confidential document procedure?	N/A	
47.	Are assessment interviews conducted in a semi-private environment?	N/A	
48.	Is appropriate assistance provided to inmates during participation in the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment interview in accordance with departmental policies regarding Effective Communication, the Clark Remedial Plan, and Armstrong mandates?	N/A	
49.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Security and Order:</div> <p>Are personal alarms issued to teachers and do they wear whistles and the personal alarms on their person?</p>	Yes	
50.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

51.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Pre-Release</div> <p>Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; Department of Motor Vehicles Practice Test; and Parole Services?</p>	Yes	
52.	Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation?	Yes	
53.	Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division (P&CSD) staff support?	Yes	
54.	Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained?	No	The Pre-Release teacher did not have the curriculum recording system in place, nor was he maintaining inmate folders on those inmates who were participating in the Pre-Release program.
55.	Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs?	Yes	
56.	Is the Pre-Release class a full-time program (four days/8.5 hours or five days/6.5 hours)? If no, is there an exemption on file?	Yes	
57.	Are all of California Department of Corrections and Rehabilitation Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment?	Yes	
58.	Does the Pre-release Teacher use the Framework for Breaking Barriers?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

59.	Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release Program reports on time and maintain copies of those monthly Pre-release program reports?	Yes	
60.	<div style="border: 1px solid black; padding: 2px;">Recidivism Reduction Strategies Enhanced Outpatient Program:</div> <p>Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team (IDTT) meetings?</p>	N/A	
61.	Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team (IDTT) and the Enhanced Outpatient Program teacher to receive education services?	N/A	
62.	Is the required student assessment for development of the Individualized Treatment and Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines?	N/A	
63.	Is there documentation of the education services provided to Enhanced Outpatient Program inmates?	N/A	
64.	<div style="border: 1px solid black; padding: 2px;">Transforming Lives Network Program:</div> <p>Are alternate modalities available for use within the housing units for the Distance Learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.?</p>	Yes	Only the Transforming Lives Network portion of the process is being done. The Principal reports that there is a teacher who schedules video presentations to classroom/library and any other available space. Students are able to access these presentations by requesting a ducat to attend the presentation at which time they receive their visual worksheets and teacher/inmate teacher assistant support.

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

65.	Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access?	No	This is scheduled to take place in the fall or early in 2009.
66.	Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty?	No	The auditor expressly asked the Television Specialist this question and was told that this is planned to be implemented in the fall or early in 2009.
67.	Are school faculty members given the opportunity to provide input into the broadcast schedule?	Yes	
68.	<div style="border: 1px solid black; padding: 2px;">Recreation/Physical Education (P.E.):</div> Is there a current and comprehensive activity schedule for the Recreation and/or Physical Education Program?	Yes	
69.	Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies?	No	The Physical Education teacher is not involved in the movie selection process. This is in violation of the Department Operations Manual revision dated July 1, 2003, and signed by David Tristan.
70.	Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities?	Yes	
71.	Is California Department of Corrections and Rehabilitation-approved State frameworks curriculum being used and are course outlines present?	Yes	
72.	Are health education, physical fitness training and recreational activities being provided to the Special Needs populations?	Yes	

COMPLIANCE REVIEW FINDINGS

ACADEMIC EDUCATION SECTION

73.	Does the Physical Education teacher have a system in place to ensure accountability for state property including sports equipment, clothing and supplies?	Yes	
74.	Are there sufficient supplies, such as board games and sports equipment, to ensure a viable Physical Education program?	Yes	Initially there was a funding problem.
75.	Are time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept?	Yes	
76.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recidivism Reduction Strategies (Physical Education):</div> Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?	Yes	There are activities scheduled for the 55 years-old and over inmate population.
77.	Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population?	Yes	These funds were expended.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

NO.	INSTITUTION: FSP DATE: June 16-23, 2008 COMPLIANCE TEAM: Beverly Penland	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;">Student Job Description:</div> <p>Are all of the inmate students' job descriptions accurate, complete, signed, and available?</p>	Yes	
2.	<div style="border: 1px solid black; padding: 2px;">Student Records/Achievements:</div> <p>Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria?</p>	No	<p>Several files did not have current Test of Adult Basic Education (TABE) test scores. Some files had no TABE test scores for students who had been in the class for over 6 months. Some files had a chronological report verifying a General Education Development Certificate or High School Diploma but no TABE score to verify exempt status. Several of the teachers indicated that they had just completed TABE testing on some of their students but those scores were not yet filed.</p>
3.	<p>Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?</p>	No	<p>Several of the programs did not have current 128E reports in the student files. Several were two quarters behind while other files had no 128E reports. The time keeping documents were secured but do not always reflect "S" time for delays in receiving their students.</p>
4.	<p>Is the curriculum recording system in-use, accurate, and current?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

5.	Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time (on full days) for 4-10 programs?	No	The Permanent Class Record form does not always indicate "S" time for the delays in receiving their students. Students often arrive late to class due a variety of reasons, including lack of custody to process students, late feeding, etc.
6.	Are elective credits in the designated vocational subject being issued to students and recorded on their transcript in the education file?	No	Teachers were all aware that this should be done. They are awaiting clarification on when it is appropriate to issue a credit and what is required for the student to earn a credit.
7.	Are Trade/Industry Certifications being issued and recorded to those students earning them?	No	Several teachers have not received training/certification to be able to issue certifications. Training has been requested to the Office of Correctional Education for their staff. One teacher needs the National Center for Construction Education and Research training, one teacher the C-Tech training and all of the Office Service teachers need the Microsoft certification training along with the test computer and software. It is recommended that this issue be resolved by the Office of Correctional Education.
8.	Are Certificates of Completion or Achievement as appropriate being issued and recorded for those students earning them?	Yes	Some of the teachers were a little unsure of when each certification was issued. It was suggested that the supervisors review with the staff when it is appropriate that these certifications be issued.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

9.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Instructional Expectations:</div> <p>Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum?</p>	No	Some of the classes had no course outlines. The Office Services and Related Technology classes and one of the landscaping classes had very good examples. It was suggested they could share their outlines as examples.
10.	Do all of the vocational education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation curriculum?	Yes	Several of the programs were in the process of updating or adding to their lesson plans.
11.	Have the Literacy Implementation Plan sections (applicable to Vocational Education) been incorporated through a core set of literacy materials into the instructional plan and do lesson plans verify this?	No	A couple of the teachers have no literacy plan. However, several of the teachers had a very good form to document each student's literacy assignments.
12.	Are Vocational Instructors conducting and documenting at least four hours of approved related formal classroom training each week for all inmate students?	No	Some of the teachers are not documenting their related formal classroom training. Most of the teachers, however, do document and conduct classroom training.
13.	Are all of the vocational programs that have a nationally recognized certification programs participating in that program?	No	Several teachers have not received training/certification to be able to issue certifications. Training has been requested to the Office of Correctional Education for their staff. One teacher needs the National Center for Construction Education and Research training, one teacher the C-Tech training and all of the Office Service teachers need the Microsoft certification training along with the test computer and software. It is recommended that this issue be resolved by the Office of Correctional Education.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

14.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Recidivism Reduction Strategies:</div> <p>Are the Recidivism Reduction Strategies programs issuing trade certifications and/or National Center for Construction Education and Research (NCCER) certifications?</p>	N/A	
15.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">National Center for Construction Education and Research:</div> <p>Are all the National Center for Construction Education and Research (NCCER) accreditation guidelines for Standardized Training being used?</p>	Yes	
16.	<p>Are the Building Construction Trades using the Contren Learning Series text books as the primary classroom text book?</p>	Yes	
17.	<p>Do all of the National Center for Construction Education and Research instructors have the resources needed to effectively teach the related trades?</p>	Yes	
18.	<p>Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program (ICTP)?</p>	No	<p>One of the teachers has not attended the Instructor Certification Training Program. A request for training has been sent to the Office of Correctional Education. It is recommended that this issue be resolved by the Office of Correctional Education.</p>
19.	<p>Are all of the craft instructors maintaining and conducting record keeping as outlined in the National Center for Construction Education and Research Accreditation Guidelines?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

20.	Are all of the instructors maintaining the confidentiality and maintain restricted access to inmate social security numbers used on the National Center for Construction Education and Research Form 200's?	Yes	
21.	Are all of the written National Center for Construction Education and Research tests, National Center for Construction Education and Research test CD-ROMs and National Center for Construction Education and Research answer keys maintained in a secure locked location with an inventory of the tests on hand?	Yes	
22.	Are all of the students evaluated based on a 70% minimum passing score on National Center for Construction Education and Research written examinations?	Yes	
23.	Are those students that fail a National Center for Construction Education and Research written test or practical exam required to wait a minimum of 48 hours prior to being retested?	Yes	
24.	Are 90% or more of the students completing the first six National Center for Construction Education and Research CORE Modules prior to starting the Level 1 for the trade?	Yes	
25.	Are all National Center for Construction Education and Research performance evaluations conducted for each module and a record of the Performance Profile Sheet maintained?	Yes	
26.	Upon successful completion of the National Center for Construction Education and Research written and performance evaluation, is the instructor documenting and submitting the Form 200 to the Unit Training Representative (UTR) for signature and forwarding to Office of Correctional Education within 60 days?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

27.	Are all of the instructors accepting National Center for Construction Education and Research Modules and Completion Certifications issued prior to students being assigned to the vocational class?	Yes	A couple of the teachers indicated they have received student with the core from another program and it has worked out well.
28.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Test of Adult Basic Education Testing</div> Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?	No	The Test of Adult Basic Education test is not always administered within the 10 day time frame. They sometimes wait till they have several new students to test or wait till one teacher can test all the new students.
29.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	Yes	The teachers indicated they received a list from the Test of Adult Basic Education coordinator as to who should be tested.
30.	Is the Test of Adult Basic Education locator being used, when needed, to determine which level appropriate Test of Adult Basic Education test to administer?	Yes	
31.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	Yes	
32.	Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and trouble shooting Test of Adult Basic Education score losses in their classes?	Yes	
33.	Are current Test of Adult Basic Education subtests placed in student's file?	No	Not all files had a subtest report for the Test of Adult Basic Education. The teachers indicate they are now receiving the subtest report when they receive the chronological report of Test of Adult Basic Education scores.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

34.	<div style="border: 1px solid black; padding: 2px;">Gender Responsive Strategies:</div> <p>Do all or more of the Gender Responsive Strategies (GRS) vocational classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum, i.e. Cosmetology, Mill & Cabinet, Cable Technician, etc.?</p>	N/A	
35.	<p>Do all or more of the vocational classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?</p>	N/A	
36.	<div style="border: 1px solid black; padding: 2px;">Security and Order:</div> <p>Are personal alarms issued by institution to instructors and do they wear a whistle and the personal alarms on their person?</p>	Yes	
37.	<p>Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?</p>	Yes	
38.	<p>Is there an Inmate Safety Committee that conducts and records weekly safety inspections?</p>	No	A couple of programs had not developed or established an Inmate Safety Committee or an inspection sheet.
39.	<p>Is at least one hour per month of safety meetings being held and documented?</p>	No	A couple of programs indicated that safety is imbedded in their program. They need to documents what safety procedures or topic was discussed.

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

40.	Trade Advisory Committee: Does the instructor have a documented Trade Advisory Committee that meets at least quarterly?	No	A couple of the teachers indicated they can not go to meetings or close their programs and had not maintained their Trade Advisory Committee (TAC). Some teachers indicated they were developing their committees. The teachers were advised to document phone contacts with their trade advisory members or new contacts. No written documentation maintained. It is recommended that the Office of Correctional Education resolve TAC meetings issue in relation to the new teacher school calendar.
41.	Job Market Analysis: Is a current Employment Development Department Job Market Analysis and/or institutional Job Market Survey on file?	No	One of the teachers could not find his copy of the Employment Development Job Market Analysis survey even before the compliance review members left.
42.	Apprenticeship: Is there an active Apprenticeship Training Program?	Yes	Most of the apprenticeship Training programs are strictly in-house programs and are not tied to a union, company or employer group.
43.	If there is an active Apprenticeship Training Program, do inmates meet apprenticeship requirements and receive pay?	Yes	
44.	Does the instructor have a documented active Joint Apprenticeship Committee that meets at least quarterly within the institution?	Yes	

COMPLIANCE REVIEW FINDINGS

VOCATIONAL EDUCATION SECTION

45.	<div data-bbox="159 247 906 296" data-label="Section-Header"> Employee and Community Services Programs. </div> <p>If vocational education programs are participating in Employee Services Programs, are they meeting Department Operation Manual and Penal Code requirements?</p>	N/A	
46.	<p>If vocational education programs are participating in community service projects, are they meeting Department Operation Manual requirements?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

NO.	INSTITUTION: FSP DATE: June 18, 2008 COMPLIANCE TEAM: Jan Stuter	Yes/No or N/A	COMMENTS
1.	<div style="border: 1px solid black; padding: 2px;">Library Staffing:</div> <ul style="list-style-type: none"> • Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff? • Does the Senior Librarian implement/plan the library program? 	Yes	Academic Vice-Principal Maria Reinhardt supervises the library staff.
2.	<div style="border: 1px solid black; padding: 2px;">Department Operations Manual and Department Operations Manual Supplement:</div> <ul style="list-style-type: none"> • Is the current Department Operations Manual, Section 53060 available in the main libraries and satellite libraries? • Is there a Department Operations Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operations Manual supplement reflect the current, actual local library program? 	Yes	Department Operations Manual Library Supplement is dated April 5, 2007.
3.	<div style="border: 1px solid black; padding: 2px;">General Population (GP) Access Hours:</div> <ul style="list-style-type: none"> • Are library hours of operation posted where General Population inmates can see them, and do General Population inmates have access to the library during off work hours? • Do General Population inmates have regular access to non-legal library services? 	Yes	
4.	<div style="border: 1px solid black; padding: 2px;">General Population/Law Library Documentation:</div> <ul style="list-style-type: none"> • Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use? • Is there a list showing inmates who request legal access, and those who received access? 	Yes	Library has two sets of documentation records – one includes “sign-out”, the other does not. The Senior Librarian said he would make sure he only uses the records with the “sign-out” column. The others should be destroyed.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

5.	<p>Restricted Housing Status Inmate Access:</p> <ul style="list-style-type: none"> • If there are Restricted Housing inmates in the institution, is there a Department Operations Manual supplement relating to their use of the library? • Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request? 	Yes	The General Library only has four Administrative Segregation cages. Only 8 Administrative Segregation inmates can be served on a Saturday; 8 more on Sunday – those are the Administrative Segregation days..
6.	<p>Restricted Housing Status Non-Legal Library Services:</p> <p>Do Restricted Housing inmates receive general library services?</p>	Yes	The Senior Librarian sends them boxes of discarded paperbacks on a regular basis. There is no easy way established to supply them specific titles that they may request although it can be done.
7.	<p>Library Expenditures:</p> <ul style="list-style-type: none"> • Are library funds spent for magazines/newspaper subscriptions, fiction and nonfiction books, supplies, processing, repair, and interlibrary loan fees? • If other items are purchased, are they for library use? 	Yes	There is currently no outside Inter-Library Loan source that FSP has contracted with. All items purchased are for library use.
8.	<p>Inmate Welfare Funds (IWF) Expenditure:</p> <p>Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?</p>	Yes	\$1421 of Inmate Welfare Funds were used to purchase library materials this fiscal year.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

9.	Law Library Expenditure: <ul style="list-style-type: none"> Does the Senior Librarian understand the process associated with receiving the mandated law discs/books through the warehouse or mail room? Are the Stock Received Reports completed and submitted to the Regional Accounting Office? 	Yes	The Librarian contends that only the warehouse can submit Stock Received Reports to the Regional Accounting Offices.
10.	<ul style="list-style-type: none"> Are all received mandated law books and discs made available to inmates in a timely manner? Are the discs timely loaded on the Law Library Electronic Data System computer? Are the law books shelved promptly? 	Yes	
11.	<ul style="list-style-type: none"> Are law library discs checked in by the Associate Information Specialist Analyst? If not, who checks them? 	Yes	
12.	Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be?	Yes	The Librarian was reminded that Ms. Zamora is to receive Office of Correctional Education copies of Stock Received Reports.
13.	Library Book Stock - Quality, Part I: <ul style="list-style-type: none"> Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five years.) Does the library program have at least three directories relevant to the questions asked by the population served? 	Yes	Britannica Encyclopedia, Webster's Unabridged Dictionary (several copies), a multitude of up-to-date directories on jobs, schools etc.

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

14.	Library Book Stock - Quality, Part II: Does each library in the institution have a current world almanac, an atlas that is no more than three years old, an English language dictionary that is no more than five years old, and a Spanish and English dictionary that is no more than ten years old?	Yes	The collection is particularly rich in new dictionaries for a variety of languages and a variety of new atlases kept in the Senior Librarian's office. Older titles in these areas are on the open shelves for check out.
15.	Library Book Stock - Quality, Part III: <ul style="list-style-type: none"> • Does each library regularly inspect the physical condition of their books? • Does the library program have a book repair procedure 	Yes	A library book press is even available.
16.	Library Book Stock - Quality, Educational Support, Literacy, Multi-Ethnicity: Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (including Spanish language) and Native American materials?	No	The Library has a good variety of textbooks and supplemental titles and a strong multi-ethnic collection. But high interest/low level reading titles are not available. A literacy program with workbooks is maintained in a cabinet in the library but there were no identifiable hi/low reading books in the collection. The Principal Librarian will assist FSP in locating appropriate titles this summer when a basic list of adult interest low level reading titles is developed.
17.	Library Book Stock - User Orientation: <ul style="list-style-type: none"> • Are book collections designed to meet the needs and interests of the inmate population served? • Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box? 	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

18.	Library Book Stock - Quantity: (Department Operations Manual Book Aug) <ul style="list-style-type: none"> Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding? 	No	For a population of approximately 4200 inmates, the library reported 9060 fiction titles and 5982 non-fiction titles. This includes 1 st year Recidivism Reduction Strategies books. Formula amounts are: 16170 fiction titles; 11550 non-fiction titles; Folsom State Prison's collection is short 7,110 fiction titles and 5568 non-fiction titles. The library has a little more than half of what it should have. It is recommended that a spending and donation plan be developed to increase the numbers with meaningful purchases, setting yearly goals.
19.	Have all books purchased through the Recidivism Reduction Strategies funds been received, shelved, and inmate use tracked?	Yes	First year Recidivism Reduction Strategies fund books have been processed into the collection; 2 nd year funds are in process. The delay not due to the facility.
20.	Book Access: <ul style="list-style-type: none"> Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter? Can inmates request books that are not in the library collection? 	Yes	Inmates request new titles via suggestion sheets.
21.	Circulation: <p>Is there an adequate library book checkout system in place and an adequate overdue system in use?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

22.	<div style="border: 1px solid black; padding: 2px;">Mandated Law Library/California Code of Regulations, Department Operations Manual</div> <ul style="list-style-type: none"> • Are the Gilmore v. Lynch mandated law books up to date? • Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish? • Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operations Manual? • Are all the Law Library Electronic Data System computers up-to-date and operating in each library? 	Yes	
23.	<div style="border: 1px solid black; padding: 2px;">Law Library - American Disability Act (ADA):</div> <p>Are American Disability Act mandatory postings present in the library?</p>	Yes	
24.	<div style="border: 1px solid black; padding: 2px;">Circulating Law Library:</div> <p>Is a procedure for accessing the Circulating Law Library in place?</p>	No	The Office of Correctional Education is looking for a way to restore this access. It is recommended that the Office of Correctional Education resolve this issue.
25.	<div style="border: 1px solid black; padding: 2px;">Court Deadlines:</div> <p>Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library?</p>	Yes	
26.	<div style="border: 1px solid black; padding: 2px;">Law Library Forms and Supplies:</div> <p>Do inmates have access to court required forms; are required legal supplies adequate and available; are procedures to distribute forms and supplies appropriate; and do all law libraries follow the same law library procedures?</p>	Yes	

COMPLIANCE REVIEW FINDINGS

LIBRARY/LAW LIBRARY SECTION

27.	<div style="border: 1px solid black; padding: 2px;">General Library Forms and Supplies:</div> <p>Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution?</p>	Yes	
28.	<div style="border: 1px solid black; padding: 2px;">Inmate Clerk Training:</div> <ul style="list-style-type: none"> • Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee? • Do inmate clerks receive training on a regular basis in law library and general library processes? 	No	<p>Regular training was stopped because of a suit by an inmate clerk who wanted his certificate to be signed by a special individual. The librarian claims that work assignment sheets show inmates know what they are doing. It is strongly suggested that a new training program be established by the library.</p>
29.	<div style="border: 1px solid black; padding: 2px;">Security and Order:</div> <ul style="list-style-type: none"> • Are personal alarms issued by institution to library staff; does library staff wear a whistle and the issued personal alarms? • Are exits clearly marked and evacuation plans posted in accordance with the institution's emergency evacuation plan? 	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: FSP DATE: June 11, 2008 COMPLIANCE TEAM: Mark Lechich	Yes/No or NA	COMMENTS
Duty Statement/Job Description/Credentials – Literacy Learning Lab			
1.	Do you have a current duty statement on file (within one year)?	Yes	Mr. Hansen is the new Literacy Learning Lab teacher (June 2, 2008).
2.	Do you have a valid credential on file?	Yes	Valid credential in Education Office.
Security/Order – Literacy Learning Lab			
3.	Are personal alarms issued by the institution to teaching staff and worn?	Yes	Mr. Hansen also has a whistle.
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	Exit sign is above the door with the evacuation plans on the left side of the door.
Supervisory/Support – Literacy Learning Lab			
5.	Do you receive support from your supervisor and other educational staff?	Yes	Good support from Ms. Cline, SAI.
6.	Does the Vice Principal visit/observe your class? Does the Principal visit/observe your class? Do you maintain a sign-in log?	Yes	
Inmate Enrollment – Literacy Learning Lab			
7.	Do you maintain a minimum enrollment of 27 students?	Yes	Twenty-seven students in a pull-out program.
8.	Do students receive direct/group instruction?	Yes	Instruction is through small groups.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: FSP DATE: June 11, 2008 COMPLIANCE TEAM: Mark Lechich	Yes/No or NA	COMMENTS
9.	Is the Literacy Learning Lab a "self contained" program?	Yes	It operates as a pull-out program using students from existing classrooms. They stay for 90 days.
Student Records/Testing Achievements – Literacy Learning Lab			
10.	Do you verify non-General Education Development or non-High School graduation of the student?	Yes	Mr. Hansen checks with the assigned teacher for verification.
11.	Do you start a student record file upon the student entering the Literacy Learning Lab program?	Yes	Mr. Hansen begins the student file immediately after the student enters the Plato Literacy Learning Lab.
12.	Does each student have a current Test of Adult Basic Education score? <i>If not, do you refer the student for testing?</i>	Yes	Test of Adult Basic Education and California Adult Student Assessment System scores are current. If student's TABE score is not on file, the teacher will discuss the situation with teacher and ensure the test is found or given.
13.	Do you assess student's basic skill level? <i>Describe</i>	Yes	The teacher interviews the student's teacher for appropriate placement level into the software.
14.	Are at least 90% of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and accountability documents current, accurate and secured?	Yes	All student files are current, accurate, and secured in locked cabinet in assigned teacher's classroom.
15.	Are the Student Files current (incl. Test of Adult Basic Education scores and any other assessment scores)? <i>Review</i>	Yes	All scores are current.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: FSP DATE: June 11, 2008 COMPLIANCE TEAM: Mark Lechich	Yes/No or NA	COMMENTS
16.	Is there a current Student Job Description on file?	Yes	The Federal Education Grievance Procedure forms are not included in Student Job Description per the Memo dated June 23, 2006.
Instructional Expectations – Literacy Learning Lab			
17.	Do you use the approved California Department of Corrections and Rehabilitation Competency Based Adult Basic Education curriculum?	Yes	Incorporated in group work and packets.
18.	Are differentiated instructional methods used? Describe	Yes	Group and peer learning are used.
19.	Do students track their own progress?	Yes	Students receive assignment work weekly and they track their PLATO progress from the software.
20.	Do the students receive computer orientation? Is there continuous training? Describe	Yes	The teacher does the orientation and-on going training, if needed, with each new student.
21.	Do you maintain course outlines and lesson plans? Review files	Yes	The teacher has outstanding outlines and lesson plans for daily and weekly activities. Competencies are checked off.
22.	Do you use alternative assessment instruments (besides the required Test of Adult Basic Education), to determine a student's instructional plan? Describe	Yes	The teacher generates reading and math quizzes for student assessment.
23.	Do students spend an average of six months of instructional time enrolled in the program?	Yes	Each student stays for ninety days in the Literacy Learning Lab.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: FSP DATE: June 11, 2008 COMPLIANCE TEAM: Mark Lechich	Yes/No or NA	COMMENTS
Other Services – Literacy Learning Lab			
24.	Do you refer students to other services, i.e. medical? <i>Describe the process</i>	Yes	Teacher would contact medical, only if necessary.
25.	Do you provide the students career-related information?	Yes	Job related activities, goal setting and other life skills such as the PLATO software are provided.
26.	Do you have student aides? If so, how many and how are they used?	Yes	There is a teacher aide and a clerk. They provide tutoring and clerical support for the Literacy Learning Lab.
Training – Literacy Learning Lab			
27.	Have you participated in conferences, workshops and seminars from July 1, 2007–December 31, 2008? If so, provide a list.	No	Mr. Hansen is new in the Literacy Learning Lab Coordinator position and has not attended any conferences, workshops or seminars.
Expenses – Literacy Learning Lab			
28.	Are spending levels appropriate for material purchases and training to support program needs?	Yes	Mr. Hansen is satisfied with the spending levels.
Equipment – Literacy Learning Lab			
29.	Do you maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? <i>Conduct an inventory</i>	Yes	This Literacy Learning Lab has new computers. PLATO technicians have not been out to open the upgrades. The Workforce Investment Act Inventory is complete.
30.	Is your software appropriately maintained by PLATO's technical field staff?	Yes	Mr. Hansen is satisfied with the PLATO software. However he would like to have the upgrades installed. The Reading Horizon and the Reading Plus software is not installed.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: FSP DATE: June 11, 2008 COMPLIANCE TEAM: Mark Lechich	Yes/No or NA	COMMENTS
31.	Do you register all new software purchases with the Associate Information Systems Analyst?	Yes	The Associate Information Systems Analyst is aware of all software used in Literacy Learning Lab.
Committees/Meetings – Literacy Learning Lab			
32.	How often do you meet with the referral teacher for consultation on a student?	Yes	As needed.
CASAS/TOPSpro Management Information System (MIS) Coordinator			
33.	Have you been trained in the area of California Accountability and the TOPSpro Management Information System to appropriately perform your duties as a Comprehensive Adult Student Assessment System Coordinator? When was the date of the last training? <i>Dates of last trainings</i>	Yes	Mr. Cameron Cooper attended the April, 2007 and the October, 2007 TOPSpro training conducted by the Workforce Investment Act Administrator. He also attended the 2007 California Adult Student Assessment System Summer Institute.
34.	Do you have an adequate amount of Comprehensive Adult Student Assessment System (CASAS) testing materials to implement CASAS? <i>Explain the CASAS testing procedures at your institution.</i>	Yes	FSP has an adequate amount of testing materials. A sign-out and sign-in sheet is used to track test booklets by both Academic Vice-Principals.
35.	Are the Comprehensive Adult Student Assessment System testing materials appropriately inventoried and secured?	Yes	The tests are locked in a cabinet in the secured Education Office.
36.	Are you using the latest version of the TOPSpro Management Information System software?	Yes	TOPSpro version 5.0.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: FSP DATE: June 11, 2008 COMPLIANCE TEAM: Mark Lechich	Yes/No or NA	COMMENTS
37.	Is the hardware equipment (Scantron machine) and software (TOPSpro Management Information System) used to implement Comprehensive Adult Student Assessment System appropriately maintained?	Yes	The computer and scanner are in good shape.
38.	Do you provide each teacher with a Student Performance by Competency Report to assistance them in preparing lesson plans?	Yes	The Literacy Learning Lab teacher provides competency reports for each student and the whole class. Student gains are reported in the class report.
39.	Do you know how to generate the California Payment Point Report? Can you generate a Preliminary Payment Point Report?	Yes	A Preliminary Payment Report is generated after each scanning to keep tabs on student progress for teachers. He assists the testing coordinator with data cleaning.
40.	Are the appropriate students receiving and completing the Core Performance Surveys? <i>Explain the process in place to ensure that students are receiving the surveys.</i>	Yes	If the ex-student is still at the institution the California Adult Student Assessment System Coordinator locates student to complete survey and submits it to the Workforce Investment Act Administrator.
41.	Can you generate an up to date list of students that will be receiving the Core Performance Survey for the past quarter?	Yes	Third Quarter data showed "No Student Qualified".
42.	Can you generate a Data Integrity site review?	Yes	Data Integrity Report is used to assist the coordinator to locate errors in the data.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	INSTITUTION: FSP DATE: June 11, 2008 COMPLIANCE TEAM: Mark Lechich	Yes/No or NA	COMMENTS
43.	Can you generate a Student Gains by Class Report? Can you produce five student Entry/Update records and Pre/Post Test records? (Check reports with Student Gains by Class Report and Student Lister. Dates, testing books, and scores should match between records)	Yes	This report is given to the teachers to account for the students learning gains. All records matched. Mr. Cooper is a dedicated California Adult Student Assessment System coordinator

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Carl D. Perkins Act
Vocational and Technical Education Act Grant

INSTITUTION: FSP DATE: June 11, 2008 COMPLIANCE TEAM: Ron Callison	Yes/No or NA	COMMENTS
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Inmate Enrollment

1.	Is the class meeting the Office of Correctional Education required enrollment quota? (Note the actual enrollment in the comments section).	Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">#/Class Name/Quota/Enrollment</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td><td>Electronics</td><td style="text-align: center;">27</td><td style="text-align: center;">5</td></tr> <tr> <td style="text-align: center;">2</td><td>Janitorial</td><td style="text-align: center;">27</td><td style="text-align: center;">27</td></tr> </tbody> </table> <p>NOTE: Class #1 has a newly hired teacher and classroom instruction is just beginning.</p>	#/Class Name/Quota/Enrollment				1	Electronics	27	5	2	Janitorial	27	27
#/Class Name/Quota/Enrollment															
1	Electronics	27	5												
2	Janitorial	27	27												

Equipment Inventory

2.	Is the Vocational and Technical Education Act equipment properly tagged? (Note the condition of equipment in the comments section).	Yes	Condition of equipment: Class #1: Good Class #2: Good
3.	Is Vocational and Technical Education Act equipment used for the intended purpose?	Yes	

Student Records/Testing Achievements

4.	<p>Are course completions being issued for Office of Correctional Education program training requirements?</p> <p>▪ How many students are trained per year? (Note the number of students trained per year in the comments section).</p>	Yes	<table><tr><td colspan="2">Number of students trained per year</td></tr><tr><td>Class #1</td><td>0</td></tr><tr><td>Class #2</td><td>50</td></tr></table>	Number of students trained per year		Class #1	0	Class #2	50
Number of students trained per year									
Class #1	0								
Class #2	50								
5.	<p>Do Student files verify equipment training on California Department of Corrections and Rehabilitation Form 128E?</p>	Yes							

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Carl D. Perkins Act
Vocational and Technical Education Act Grant

6.	Is the Office of Correctional Education-approved curriculum and recording system in use?	Yes																									
7.	Are lesson plans in accordance with Office of Correctional Education guidelines?	Yes																									
Related Training																											
8.	Is safety and literacy training taking place in accordance with Office of Correctional Education guidelines?	Yes																									
Vocational Classroom Physical Access																											
9.	Are students able to get physical to the vocational shops over 50% of the time? (Note the "X" and "S" time for the last two prior months).	Yes	<table border="1"> <thead> <tr> <th>Month</th><th>Class</th><th>X-time hours</th><th>S-time hours</th></tr> </thead> <tbody> <tr> <td>1st</td><td>1st</td><td>0</td><td>0</td></tr> <tr> <td>2nd</td><td>1st</td><td>0</td><td>0</td></tr> <tr> <td>1st</td><td>2nd</td><td>1870</td><td>840</td></tr> <tr> <td>2nd</td><td>2nd</td><td>2863</td><td>1191</td></tr> <tr> <td>Totals:</td><td></td><td>4733</td><td>2031</td></tr> </tbody> </table>	Month	Class	X-time hours	S-time hours	1 st	1 st	0	0	2 nd	1 st	0	0	1 st	2 nd	1870	840	2 nd	2 nd	2863	1191	Totals:		4733	2031
Month	Class	X-time hours	S-time hours																								
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2 nd	1 st	0	0																								
1 st	2 nd	1870	840																								
2 nd	2 nd	2863	1191																								
Totals:		4733	2031																								
Trade Advisory Committee																											
10.	Are quarterly meetings held and minutes kept? (Note the Number of Trade Advisory Committee members, number in the comments section).	Yes	Number of TAC members: 1 st Class: 4 members 2 nd Class: 4 members																								

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Carl D. Perkins Act
Vocational and Technical Education Act Grant

Supplemental Areas (not counted for points on the overall Compliance Review)			
11.	Apprenticeship: <ul style="list-style-type: none"> ▪ Number of apprentices <u>5</u> ▪ Institutional Pay <u>Yes</u> ▪ Union/Company Affiliation <u>In house</u> ▪ Current DAS Form <u>N/A</u> ▪ OJT Work Logged <u>Yes</u> ▪ Less than 5 years <u>Yes</u> 	Yes	Class # 1 will re-establish when class resumes with the newly hired teacher. Class # 2: 4 Members
12.	Is the shop clean? (Note the cleanliness and general maintenance of the shop in the comments section).	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

No.	INSTITUTION: FSP DATE: June 18, 2008 COMPLIANCE TEAM: Sarita Mehtani	Yes/No or N/A	COMMENTS
Duty Statement / Job Description / Credentials			
1.	Do you have a current duty statement on file (within one year)?	Yes	
2.	Do you have a valid credential on file?	Yes	
Security / Order			
3.	Are personal alarms issued by the institution to teaching staff, and worn?	Yes	
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	
Supervisory / Support			
5.	Do you receive support from your supervisor and other educational staff?	Yes	
6.	Do you advertise the Title I Program? Describe what methods you use to advertise this program.	Yes	
7.	Does the Vice-Principal or Principal visit/observe your class? How often? Do you maintain a sign-in log?	Yes	
Inmate Enrollment			
8.	Do you have any involvement with the Inmate Assignment Office? Describe	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

9a.	Do you have students enrolled in your program for academic instruction only? Currently, how many students are receiving only academic instruction?	Yes	28
9b.	Do you have students enrolled in your program for Transitional Services only? Currently, how many students are receiving only Transitional Services?	Yes	2
10.	Have enrolled Elementary and Secondary Education Act students read and signed The Attendance and Performance Agreement?	Yes	
11.	Have enrolled Elementary and Secondary Education Act students signed an Inmate Trust Withdrawal covering classroom equipment and supplies?	Yes	
Student Records / Testing Achievements			
12.	Do you verify General Education Development or High School graduation of the student? If not who does?	Yes	
13.	Do you maintain the student record file and portfolio? When do you begin the development of the student record file and portfolio?	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

14.	Are at least 90% of the California Department of Corrections and Rehabilitation Form 128Es, classroom records and accountability documents current, accurate and secured? REVIEW	Yes	
15.	Do you have current students' Test of Adult Basic Education scores? If not, do you refer the students for testing?	Yes	
16.	Is the Plato system used as a supplement to your academic instruction? EXPLAIN	Yes	The Plato Learning Literacy Lab is used along with academic study.
18.	Are you receiving California Adult Student Assessment System Reports; Suggested Next Level Test, Student Profile, and Student Performance by Competency reports? Describe	Yes	Only academic students receive the California Adult Student Assessment System test, others are given the test by the Elementary and Secondary Education Act teacher.
19.	Do you use any other student assessment to assist student placement? Indicate the names of those assessment tools.	Yes	Quizzes, Practice Tests and Pre-General Education Development tests are used of assessments.
Instructional Expectations			
20.	Do you Interview each eligible student before placing him in the class?	Yes	
21.	Do you use the approved California Department of Corrections and Rehabilitation Competency Based Adult Basic Education curriculum?	Yes	
22.	Do you utilize different instructional modalities in your program? Describe	Yes	Computer, Worksheets, Tutoring and Homework

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

23.	Are California Adult Student Assessment System and Plato report printouts shared with students and placed in their Elementary and Secondary Education Act classroom file?	Yes	
24.	Do the students receive computer orientation? If so, who provides this training? Is there continuous training?	Yes	Teacher, Peer Clerk
25.	Do you develop an individual course of study for each student? EXPLAIN	Yes	Based on TABE and Pre-Tests and Plato work
26.	Do you have a schedule and a list of assigned students? EXPLAIN	Yes	A schedule is placed in Lower Yard Lab and Library
27.	Do all the classes utilize the Elementary and Secondary Education Act program services? Name those programs that use the Elementary and Secondary Education Act Program services.	Yes	Vocational, GED, ABE I, II, III, Independent Study and Distance Learning
Transitional Services			
28.	Is the California Adult Student Assessment System Employability Test administered to those receiving transitional services?	Yes	
29.	Do you provide the students career-related information?	Yes	
Training			

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Elementary and Secondary Education Act (ESEA) Program

30.	Have you participated in conferences, workshops and seminars in the current fiscal year? If so, provide a list.	No	The teacher has not participated in any conferences, workshops or seminars in this fiscal year.
Equipment			
31.	Is your inventory of equipment current? <i>Provide a list.</i>	Yes	
32.	Is equipment tagged with an IASA/Elementary and Secondary Education Act property tag? <i>Conduct an inventory.</i>	Yes	
Committees / Meetings			
33.	Do you participate in the institution's quarterly Site Literacy Committee meetings?	Yes	
34.	Do you participate in school and/or institutional programs/projects? Explain	Yes	WASC Committee Graduation Committee
35.	Do you meet with the referral teacher for consultation about a student? How often?	Yes	Every 60-90 days.

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Incarcerated Youth Offender (IYO) Program

No.	INSTITUTION: FSP DATE: June 11, 2008 FSP participants= 91 CSP-Sac participants=1	YES/NO OR N/A	COMMENTS
1.	Does the IYO Teacher have a copy of the current Incarcerated Youth Offender Grant?	Yes	On Disk
2.	Is there a signed IYO Enrollment Agreement on file for each participant?	Yes	
3.	Is there evidence on file that each participant graduated from high school or passed the GED exam?	Yes	
4.	Is there a Participant Demographic/ Biographic information sheet on file and, that his/her portfolio has been started?	Yes	
5.	Does the IYO Teacher use CAPS, COPS AND COPES to identify inmate job skills?	Yes	
6.	Are the results of CAPS, COPS AND COPES assessment on file?	Yes	
7.	Does the IYO Teacher Identify inmate jobs indexed to skills?	Yes	
8.	Does the IYO Teacher provide job counseling and job resumes for participant?	Yes	
9.	Does the IYO Teacher provide academic and vocational training courses for participants?	Yes	
10.	Does the IYO Teacher track success of IYO participants after parole?	Yes	CCRC provides tracking information
11.	Does the IYO Teacher provide services to prisons in surrounding areas?	Yes	CSP-Sac & Folsom Minimum Camp

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Incarcerated Youth Offender (IYO) Program

12.	Does the Incarcerated Youth Offender Teacher use the Internet, phone and fax to be in contact with Parolees?	Yes	Internet access is difficult at the Institution. Most Internet activity is done at home.
13.	Does the Incarcerated Youth Offender Teacher meet at least once on a quarterly basis with active participants in Incarcerated Youth Offender?	Yes	
14.	Does the Incarcerated Youth Offender Teacher indicate in Incarcerated Youth Offender database why inmates have declined or dropped from the Incarcerated Youth Offender program?	Yes	
15.	Does the Incarcerated Youth Offender Teacher builds and maintains contact with Vocational and Academic teachers?	Yes	
16.	Does the Incarcerated Youth Offender Teacher prepares and submits reports to the Incarcerated Youth Offender Program Coordinator via memos and the Incarcerated Youth Offender database?	Yes	
17.	Does the Incarcerated Youth Offender Teacher attend training, Incarcerated Youth Offender quarterly meetings and pertinent conferences?	Yes	
18.	Does the Incarcerated Youth Offender Teacher maintain a hard file for each active/inactive or former participant and participant parolee?	Yes	
19.	Does the Incarcerated Youth Offender Teacher hard copy file contain assessment information, enrollment and tuition agreements, evidence of General Education Development or high school completion, contact information and relevant chronological documentation?	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Incarcerated Youth Offender (IYO) Program

20.	Does the Incarcerated Youth Offender Teacher hard file and database information are consistent and in agreement with each other?	Yes	
21.	Does the Incarcerated Youth Offender Teacher ensures that the inventory sheet is up to date; all equipment is clearly marked and identified with Incarcerated Youth Offender inventory tags?	Yes	
22.	Does the Incarcerated Youth Offender Teacher works with contracted vendors to help with the successful transition from prison to parole?	Yes	CCRC
23.	Does the Incarcerated Youth Offender Teacher check to ensure transfers from other Incarcerated Youth Offender institutions still meet eligibility requirements?	Yes	
24.	Does the Incarcerated Youth Offender Teacher ensure that only the Incarcerated Youth Offender Representative uses Incarcerated Youth Offender equipment?	Yes	
25.	Does the Incarcerated Youth Offender Teacher use OBIS to update the candidate pool on monthly basis?	Yes	
26.	Does the IYO Teacher Issues trust withdrawals for any materials or equipment loaned to participants?	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Incarcerated Youth Offender (IYO) Program

27.	Does the IYO Teacher ensure all information for each participant in the IYO database is current and up to date to include, but not limited to, the following database fields (minimum fields to be completed)?	Yes	
a.	CDC #; First and Last name	Yes	
b.	EPRD; Date Of Birth	Yes	
c.	Date Enrolled IYO	Yes	
d.	Participant Notes if applicable	Yes	
e.	Program Exit Code if applicable	Yes	
f.	Program Exit Date if applicable	Yes	
g.	Parole Region, Unit and County if known	Yes	
h.	Training programs recorded as a separate record and corresponding tuition agreement in participant's file	Yes	
i.	Program Name; Entry Date; Completion Date; Early Exit Date and Reason (if applicable); notes on status of course/course completion, earned grade etc. in Training Placement record	Yes	
j.	Expense Date; Amount; Training Provider; Training Program; Participant Name; CDC# and applicable notes	Yes	
k.	Incarcerated and post incarcerated address noted and recorded as separate records in Location Info.	Yes	

COMPLIANCE REVIEW FINDINGS

FEDERAL GRANTS PROGRAMS SECTION

Incarcerated Youth Offender (IYO) Program

l.	Uses DDPS disk to update IYO database	Yes	.
m.	Has internet access; uses internet as resource for employment and other transitional information for participant	Yes	The only internet access is difficult to use, consequently he uses personal computer at home.
n.	Sends and Receives changes to IYO database to HQ within 24 hours of receiving update disk from HQ.	Yes	

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

INMATE
APPEALS

FOLSOM STATE PRISON

JUNE 23 THROUGH JUNE 27, 2008

The seal of the California Department of Corrections and Rehabilitation is circular, featuring a green border with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom. Inside the seal is a map of California with a scale of justice and two stars.

PRELIMINARY

CONDUCTED BY

INMATE APPEALS BRANCH

FINAL REPORT
INMATE APPEALS AUDIT

Folsom State Prison
June 23, 2008 through June 27, 2008

Review Team: Rhonda Carter, CCII, CSP SAC
David Lewis, CCII, CMF

SUMMARY CHART

AREA REVIEWED		RATING 2008	
		Score	Page No.
OVERALL RATING		92%	1
A. ACCESS TO INMATE APPEALS		80%	2
B. TRACKING/FILING APPEALS		100%	4
C. PREPARATION OF APPEALS		87%	5
D. TIMEFRAMES		69%	6
E. APPEAL RESPONSES		100%	7
F. SPECIALIZED PROCESSING OF APPEALS		100%	8
G. TRAINING and OFFICE STAFFING		100%	9
H. CURRENT OVERDUE APPEALS		98%	10

INMATE APPEALS AUDIT
FINAL REPORT

Folsom State Prison
June 23, 2008 through June 27, 2008

INMATE APPEALS AUDIT

The findings in this Inmate Appeals Audit resulted in an overall score of 92%. All areas and their results are listed below.

Bud Casey, Correctional Counselor II, assigned to the Appeals Office, is experienced and knowledgeable in all facets of the appeals process. The Appeals Office support staff Margot Ricards, Office Technician, was helpful to the audit team. She was able to locate documents needed for the Review and provide information to assist the audit team. It was indeed a pleasure to work with these employees in the Appeals Office.

The specific sections and their corresponding questions and scores are identified below. Copies of the Inmate Appeals Worksheets are available upon request.

A. ACCESS TO INMATE APPEALS:	Section Rating: 80
-------------------------------------	---------------------------

- 1) Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate? [CCR 3084.1 (c)]**

7 sample # 7 # correct = 100% Question Rating: 50 **Score: 50**

- 2) Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and CDC Form 1824s in each inmate law library? [DOM Section 101120.11, 54100.3]**

1 sample # 1 # correct = 100 % Question Rating: 10 **Score: 10**

There was easy access to the law library forms and manuals in the law library. Staff assigned to the library was helpful and able to answer all questions related to the library operations.

- 3) Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]**

Yes Question Rating: 20 **Score: 20**

4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmates right to appeal and appeal procedures? [CCR 3002(a)(2)]

No

Question Rating: 20 **Score: 0**

Staff in the orientation unit as well as in Receiving and Release does not present verbal instruction on the appeal process to intake inmates. Staff stated to the audit team that they do not specifically present verbal instruction on the appeals process to intake inmates. They said that if an inmate asks about the appeals process, then they will provide the information. The California Code of Regulations, Section 3002(a)(2) states in part, "New arrivals shall also be given verbal staff instructions regarding the [appeals] procedures." .

SECTION POINT TOTAL **80**

Recommendation: *Provide training to staff regarding the responsibility to provide intake inmates with verbal instruction on the appeals process. Additionally perform spot checks as a tool used to monitor for compliance.*

5) **Does the institution provide the CDC Form 602 in both English and Spanish?

Yes

Question Rating: 0 **Score: 0**

** This question is for information gathering only.

B. TRACKING AND FILING APPEALS

Section Rating: 100

1. Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels? [DOM Section 54100.9]

Yes

Question Rating: 15 **Score: 15**

2. A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]

99 sample # 99 # correct = 100 % Question Rating: 25 **Score: 25**

3. Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]

10 sample # 10 # correct = 100 % Question Rating: 25 **Score: 25**

4. Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?
[CCR 3084.6, DOM 54100.12]

Yes

Question Rating: 35 **Score: 35**

**The Administrative Staff are noticed weekly of the overdue appeals on a consistent basis. The Appeals Coordinator presents the current overdue appeal list as well as a two-week projected list to the executive staff during the weekly Executive Staff Meeting.*

SECTION POINT TOTAL 100

C. PREPARATION OF APPEALS	Section Rating	87
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- 1) Are inmates interviewed at the first level of review or at second level if first level is waived? [CCR 3084.5 (f) and DOM 54100.14]

99 sample # 99 # correct = 100 % Question Rating: 25 Score: 25

**Staff at FSP does an excellent job of noting the inmate interview was conducted at either the first or second level of review.*

- 2) Do the dates on the appeal correspond with the dates on the IATS?
[DOM Section 54100.9]

99 sample # 76 # correct = 76 % Question Rating: 25 Score: 19

The lower score in this question is due to numerous appeals showing a discrepancy between the completed dates and return-to-inmate dates on the 602 form verses those dates in the IATS program. This issue has been discussed with the Appeals staff and is in the process of being remedied.

- 3) A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)? [DOM Section 54100.3]

99 sample # 82 # correct = 82 % Question Rating: 25 Score: 21

The lower score in this question is due to several appeals assigned to the Medical Department missing the Administrative Reviewer's signature. This issue has been discussed with the Appeals Coordinator as well as the Medical Appeals Analyst and the auditors were informed that they were aware of the problem and had already taken steps to remedy the issue.

- 4) Is there evidence that appeal decisions are reviewed by the institution head or his/her designee? ?[CCR 3084.5(e)(1)]

52 sample # 45 # correct = 86 % Question Rating: 25 Score: 22

See comments in questions 3.

SECTION POINT TOTAL 87%

Recommendation: Follow up on the steps taken by the Appeal's Coordinator to ensure that, when necessary, the hiring authority review appeal responses and sign the appeal forms.

D. TIMEFRAMES

Section Rating: 69

- 1) **Are appeals being assigned at each level within five working days of receipt in the Appeals Office?** [DOM 54100.9]

93 sample # 93 # correct = 93 % Question Rating: 25 **Score: 23**

- 2) **Are informal appeals completed within ten working days?**
[CCR 3084.6 (b)(1)]

10 sample # 10 # correct = 100 % Question Rating: 25 **Score: 25**

- 3) **Are first-level responses completed within 30 working days?**
[CCR 3084.6 (b)(2)]

66 sample # 40 # correct = 60 % Question Rating: 25 **Score: 15**

- 4) **Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)?** [CCR 3084.6 (b)(3)]

53 sample # 13 # correct = 25 % Question Rating: 25 **Score: 6**

The lower score in this question is due in part to several appeals being returned late to the inmate. The appeals that were reviewed indicated that they had been responded to in time; however, the appeals were late due to time it took to process the appeal through the Administrative Review process.

SECTION POINT TOTAL 69

Recommendation: *Provide training to staff regarding their responsibility to meet the required time constraints. The monitoring of this requirement is the responsibility of the appropriate supervisor/manager. Also, appeals should be completed by the assigned responder with sufficient time to allow for the Administrative Review.*

E. APPEAL RESPONSES

Section

Rating: 100

- 1) **Does the institution prepare a written response at the first level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

57 sample # 57 # correct = 100 % Question Rating: 25 **Score: 25**

- 2) **Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered?** [CCR 3084.5 (g) and DOM 54100.15]

57 sample # 57 # correct = 100 % Question Rating: 25 **Score: 25**

- 3) **Does the institution prepare a written response at the second level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

52 sample # 52 # correct = 100 % Question Rating: 25 **Score: 25**

- 4) **Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?**

[CCR 3084.5 (g) and DOM 54100.15]

52 sample # 52 # correct = 100 % Question Rating: 25 **Score: 25**

SECTION POINT TOTAL 100

F. SPECIALIZED PROCESSING OF APPEALS

Section Rating: 100

**STAFF COMPLAINTS
APPEAL RESTRICTION**

STAFF COMPLAINTS

- 1) When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations, AB 05/03, DOM 54100.25.2)**

Yes Question Rating: 20 Score: 20

- 2) Is the institution keeping Staff Complaints for a period of five years? [DOM 54100.25.5 and Penal Code 832.5(b)]**

Yes Question Rating: 20 Score: 20

- 3) Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed? [AB 05/03]**

Yes Question Rating: 20 Score: 20

- 4) Are all allegations of staff misconduct presented to the warden or designee at least weekly? [AB 05/03]**

Yes Question Rating: 20 Score: 20

APPEAL RESTRICTION

- 5) Is there evidence of authorization from the Chief of the Inmate Appeals Branch (IAB) to place an inmate on restriction? [CCR 3084.4(3), (4)]**

Yes Question Rating: 20 Score: 20

There were no inmates currently on appeal restriction. The Appeals Coordinator was questioned and demonstrated that he had knowledge of the requirements to place an inmate on appeal restriction.

SECTION POINT TOTAL 100

G. TRAINING/OFFICE STAFFING	Section Rating: 100
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1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]

Yes Question Rating: 20 Score: 20

2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]

Yes Question Rating: 30 Score: 30

The Institution does not have a supervisor specific orientation process. All new supervisors received from outside the institution are scheduled for new employee block training during the first week of employment and are receiving training on appeals as part of the block training.

3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]

Yes Question Rating: 30 Score: 30

4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(b) [component thereof]

Yes Question Rating: 20 Score: 20

SECTION POINT TOTAL 100

H. CURRENT OVERDUE APPEALS

Section Total: 98

1) What is the number of the current overdue First Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	3	.25	.75
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

Question Rating: 50
Points deducted: .75
Score: 49.25

2) What is the number of the current overdue Second Level appeals and by how many days late?

[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	5	.25	1.25
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

Question Rating: 50
Points deducted: 1.25
Score: 48.75

APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

of Appeals: 0 Points Deducted: 0 Score: N/A

SECTION POINT TOTAL 98

ADDITIONAL AREAS OF REVIEW: This portion has been added to the audit format; however, these areas of the institution are reviewed for information gathering and scores will not be obtained.

1. Law Library access for ASU/SHU inmates:

- a) What is the process for allowing ASU/SHU inmates access to the law library?
[CCR 3122, 3160, 3164, 3343]

Inmates assigned to the ASU/SHU are provided library requests forms from unit staff. The forms are completed by the inmates and returned to staff who deposit them in a collection box in the unit. Library staff empties the collection box on a daily basis and processes the requests.

- b) How often do these inmates have access to the law library?

SHU/ASU inmates access the law library on Saturdays and Sundays only. Each inmate is scheduled in a single two-hour block per week based on availability.

- c) How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

PLU users are afforded priority in the scheduling of the two-hour sessions.

2. Medical Appeals Process:

- a) What is the process for answering medical and ADA appeals?

i) Who responds?

ii) Who interviews the inmate?

iii) Who prepares the response?

The appeals are responded to by appropriate medical staff who interviews the inmate. The responder provides a summary of the issue to the Medical Appeals Analyst who prepares the response in an appropriate format.

- b) Talk to the CMO/HCM regarding medical appeals process.

The auditors discussed the medical appeals process with the Chief Physician and Surgeon (CPS). The CMO has delegated the responsibility of the review of medical appeals to the CPS as part of the steps taken to ensure that appeal responses are reviewed and signed by the Hiring Authority or designee. The CPS was knowledgeable of the process.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
BED UTILIZATION REVIEW

FOLSOM STATE PRISON

JUNE 23 THROUGH 27, 2008

PRELIMINARY



CONDUCTED BY

CLASSIFICATION SERVICES

FOLSOM STATE PRISON

WEEK OF JUNE 23, 2008

ADMINISTRATIVE SEGREGATION BED UTILIZATION REVIEW

The Folsom State Prison (FSP) Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of June 23, 2008. Correctional Counselor (CC) -III M. Scott, assisted by Captain R. Cappel and CC-II A. Guzman; conducted the review.

The intent of this review is to provide an evaluation of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution to assist in identifying areas that could reduce time spent in ASU and overcrowding in ASU. A review of FSP's Administrative Segregation Log, reflected approximately 174 inmates housed in ASU. The Classification and Paroles Representative (C&PR) indicated the count was actually 188 based on a number of inmates placed in ASU during the week-end which were not yet included in the Administrative Segregation Log. Of the cases reflected in the Administrative Segregation Log, approximately 53 cases were in ASU for 90 days or more. Approximately 50 cases were reviewed by the team and included in the Report. Attached to this report is a breakdown of the cases that were reviewed.

The cases reviewed were broken down into the following categories:

31 were placed in Administrative Segregation based on a pending Disciplinary charge.

19 were placed in Administrative Segregation based on safety concerns.

Normally, pending prison gang validation cases are included in the sample. During the sampling of cases at FSP, none were noted which were placed into ASU based on pending prison gang validation or investigation. According to the FSP Administrative Segregation Log none of the cases presently in ASU are based on a pending prison gang validation or for investigation of prison gang affiliation.

Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU? FSP does have an ASU tracking method in the form of an Administrative Segregation Log. The Administrative Segregation Log presented, dated 6/23/08 appeared current (cases added as recently as 6/18/08). The Log is maintained by an ASU Office Technician. The FSP Administrative Segregation Log provided information such as date of ASU placement, Reason for Placement; District Attorney (DA) status, committee dates and summary of committee actions, MERD and CSR endorsement. Time periods for specific processes, such as date of adjudication of RVRs or completion of investigations was not tracked. It is recommended the Log be amended to include status of RVRs and investigations as these processes directly impact an inmate's length of stay in ASU. The Log was organized in alphabetical order by inmate name.

Comment: Although there is not a requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.

GENERAL ASU CASE PROCESSING TIMES

Period from Initial Placement in ASU to CSR Review

California Code of Regulations (CCR) 3335(c)(1) requires that the Institution Classification Committee refer the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.

California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR Review ranged from 3 days to 17 days. All cases except one case were seen within 10 days of ASU placement. FSP is in compliance (99 %) within this area. Note: correction was made from the original report regarding Inmate Collins F-19532, who was inaccurately reported as being placed into ASU on 3/27/08 instead of 6/12/08 and Inmate Pina T-44230 who was actually seen by ICC on 5/8/08 (per the CDC 262 entry) instead of 5/15/08 per the CDC 128G in the central file. These errors were brought to the attention of the auditors by the institution. The institution's input and concern are appreciated. It was further noted an

obvious math error had also occurred resulting in an incorrect compliance rate of 60 percent when instead it should have been closer to 94 % prior to the corrections regarding the Collins and Pina cases.

It is the expectation that cases referred for ASU retention be presented to the CSR for review within 30 days of the Classification committee referral.

Time from the initial ICC referral for CSR Review to the actual CSR review ranged from 5 days to 90 days. Of the cases reviewed, 76 percent of the cases were presented to the CSR within 30 days of the Classification committee referral. On average, the cases were presented to the CSR within 17 days. Improved tracking of these cases is needed to ensure all cases are presented to the CSR within 30 days of the initial ICC referral.

When an ASU case is reviewed by a CSR, the CSR will indicate a time period in which the case must be presented again to a CSR for further review.

Of the cases reviewed, there are 10 cases (or approximately 21 percent) currently retained in ASU beyond the CSR approved retention date. **(The expectation is there should be 0 cases in this category).** One case was noted for being 110 days beyond the ASU expiration date. This was the case of Inmate Kolodzie F-49853 who escaped from FSP-I and also had enemy concerns in the MSF. CSR review occurred on 1/8/08 with a return date of 3/8/08. During this audit, subsequent CSR review did occur on 6/25/08.

There were cases noted that had been in ASU well over 30 days and which did not have an ASU extension approval at all. **(The expectation is there should be 0 cases in this category).** Four (approximately 8 percent) of the cases reviewed had not had CSR review. Additional scrutiny is needed to ensure cases are not retained beyond the expiration dates and all cases retained in ASU for 30 days or more have had CSR review.

DISCIPLINARY CASES

Hearing Timelines

Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney (DA) review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.

A total of 32 RVRs were reviewed.

RVRs heard without postponement:

15 RVRs were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from 11 days to 84 days. With the exception of the "84" day case (Munoz V-86636) the vast majority of the cases appeared to be within the time limits. The majority of non-postponed RVRs reviewed were adjudicated, on average within 25 days. In the case of Inmate Munoz it was noted the RVR was heard on 1/16/08 and accepted by the DA for prosecution on 1/17/08. It is possible the RVR was originally postponed pending DA action and postponement later rescinded however this was not captured during the audit.

RVRs heard with postponement pending DA action:

4 RVRs were noted.

Time from the date of the RVRs to the date the RVRs were heard ranged from 44 to 271 days. FSP's method of receiving incident reports and processing DA referrals is discussed later in this report.

Post-Hearing Processing Timelines

Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.

Eleven RVRs (9 postponed and 2 not postponed) are still pending. Additionally, two cases were noted where the inmate was placed in ASU due to a pending RVR however no pending RVR/ CDC 804 was found in the file (Inmate Rowe, V-30422, placed in ASU due to Drug Distribution; and Inmate Pina, T-44230, originally placed in ASU due to Attempted Battery on Staff).

Hearing to Facility Captain Review:

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 1 day to 46 days. On average, the Captain's review of the RVR occurred 15 days after the hearing. **(The Department has no regulatory time constraints; however, the expectation is this time will be within 5 working days.)**

Facility Captain to Chief Disciplinary Officer Review:

Available information reflected time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from 0

(reviewed same day as Captain) days to 22 days; with 74 percent of the cases being reviewed in 3 days or less. **(The Department has no regulatory time constraints; however, the expectation is this time will be within 3 working days.)**

Chief Disciplinary Officer to ICC review:

Time from the date the CDO audited the RVR to the case being reviewed by ICC for the RVR ranged from 10 days to 113 days, or an average of 33 days. The case which had a 113 day lapse from the CDO review to ICC was the case of Inmate Bravo, V-18361, who was originally placed into ASU due to Battery on Inmate with Weapon. The RVR was audited by the CDO on 2/13/08 however the case was not reviewed by ICC until 6/5/08. Case was endorsed to CCI-SHU on 6/17/08.

Only 4 of the 16 cases (25 percent) were reviewed by ICC within 14 days or less of the CDO audit. **(The expectation is the inmate will appear before ICC within 14 days. This will allow staff a two-week ICC rotation period.)** Staff should examine the method of how classification staff are notified of adjudicated RVRs. Once notified of the adjudicated RVR, the case should be scheduled for the next available ICC especially if transfer referral or release from ASU may be involved.

Parole Violator Cases referred to the Board of Prison Hearings (BPH) for review:

The number of parole violator (return to custody/ RTC) cases was insufficient to provide a fair review. Therefore, the time-frames related to BPH referrals, were not examined.

Incident Report Processing

Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Per FSP ISU staff, the initial incident reports are faxed to ISU the same date of the incident. The incident reports are logged into the computer by an ISU staff member. The ISU staff physically checks the Watch Commander's incident log to ensure ISU is not missing incident reports and also watches for "gaps" in the incident report numbers received by ISU which

also helps determine if an incident report is missing. Once the *complete* incident report has been received, a package is put together for the DA (incident report, CDC 804/ RVR, "RAP" sheet, etc) and once per week the packages are taken to and left at the DA's office. Packages which have already been reviewed by the DA are also picked up from the DA's office at this time. Per ISU, all RVRs with incident reports completed are referred to the DA office. A CDC 128B is prepared by ISU advising the case has been referred to the DA. The CDC 128B is forwarded to Records for filing in the central file. Once the case has been accepted or rejected by the DA, a cover letter is prepared by ISU indicating this and forwarded to the Disciplinary Officer for distribution to the inmate. During the audit, CDC 128Bs to indicate whether the case was referred were routinely missing from the central files.

There were 24 cases reviewed for the purpose of determining time-frames for ISU processing of incident reports.

Incident Date to ISU Receipt of Incident Report:

Date from incident occurrence to the date ISU received the incident report ranged from 1 day to 292 days. With the exception of the "292" day case (Inmate Kolodzie F-49853, who received an RVR dated 2/9/07 for Escape and the Incident Report was received by ISU on 11/28/07), on average, the incident reports were received by ISU within 25 days with 38 percent of the incident reports being received in 15 days or less. Virtually none of the incident reports were received by ISU within 7 days of the incident. **(The expectation is the complete package will be presented to ISU within 7 calendar days.)** Staff should consider closer monitoring of the completion of the CDC 837 packets to ensure timeliness and expeditious distribution of the completed incident reports.

ISU Receipt of Incident Report to Referral to DA/ISU Screen-out:

Date from ISU receipt of incident report to referral to DA or ISU screen out ranged from 2 days to 133 days. The "133" day case was again that of Inmate Kolodzie. With the exception of Kolodzie, incident report receipt to DA/ISU screen-out averaged 11 days. **(The expectation is the time should not exceed 5 working days.)**

DA Referral to Resolution:

Date from DA referral to either rejection or acceptance of the case ranged from 13 days to 232 days, for an average of 61 days and 70 percent of the cases being resolved by the DA in 60 days or less. **(This is one area that the institution has no definitive control over).**

SAFETY CONCERNS

When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the

investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.

Investigation Initiation to Completion:

Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from 1 day to 81 days; based on the 13 cases for which this information could be determined. 77 percent of the investigations were completed in 30 days or less. **(The expectation is this time should not exceed 30 calendar days).**

Investigation Completion to ICC Review:

Where the information was available, time from conclusion of the investigation to ICC review of investigation results ranged from 0 days to 82 days, based on fourteen cases for which the information could be determined. 36 percent of the cases were seen by ICC within 14 days or less of the investigation completion. **(The expectation is that the inmate will appear before ICC within 14 calendar days. This will allow staff a 2-week rotation period).**

GANG INVESTIGATION/VALIDATION/DEBRIEFING

When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Office of Correctional Safety (OCS) and the time to review and conclude the issue by ICC and CSR.

There were no pending prison gang validations noted among the ASU cases reviewed. ISU staff have explained an inmate is not placed into ASU until he has received at least three points towards validation. At the time of placement into ASU, the inmate is provided with documentation related to his validation. Per ISU, inmate is afforded 24 hours to review the documentation after which time ISU returns to interview the inmate ("Castillo" interview). FSP appears to have a stream-lined method of processing inmates pending validation, having minimized the time spent in ASU due to placement of the inmate into ASU after the inmate has received sufficient points for validation.

NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER

Documentation in the central files indicates that 17 of the cases reviewed in ASU are currently endorsed and awaiting transfer.

GENERAL OBSERVATIONS

Several areas appear in need of increased scrutiny and/ or improvement:

1. Improved tracking of cases is needed to ensure all cases are presented to the CSR within 30 days of the initial ICC referral.
2. Improved tracking is needed to ensure cases are not retained beyond the CSR expiration dates and all cases retained in ASU for 30 days or more have had CSR review.
3. Staff should examine the method of how classification staff are notified of adjudicated RVRs and completed investigations and ensure RVRs or investigations which are likely to have immediate impact for transfer or potential release from ASU are scheduled for the next available ICC.
4. Closer monitoring may be needed related to the completion of the CDC 837 packets to ensure timeliness and expeditious distribution of the completed Incident Reports.

FSP staff were helpful and cooperative in supplying information, documents and central files related to this audit. Their assistance was greatly appreciated.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

RADIO
COMMUNICATIONS

FOLSOM STATE PRISON

JUNE 23 THROUGH 27, 2008

The seal of the California Department of Corrections and Rehabilitation is partially visible behind the 'PRELIMINARY' text. It features a green circular border with the text 'DEPARTMENT OF CORRECTIONS AND REHABILITATION' at the top and 'STATE OF CALIFORNIA' at the bottom. Inside the circle is a map of California with a scale of justice and stars.

PRELIMINARY

CONDUCTED BY

TELECOMMUNICATIONS

Review of Radio Communications

FOLSOM STATE PRISON

Introduction

This review of Radio Communication Operations at Folsom State Prison, (FOL) was conducted by the Radio Communications Unit (RCU) of the Division of Facilities Management, in collaboration with the Office of Audits and Compliance (OAC) between the dates of June 23 through 27, 2008. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), State Administrative Manual (SAM) and Administrative Bulletin (AB) 90/35 as the primary sources of operational standards.

This review was conducted by Ken Chappelle, Correctional Officer, assigned to Facilities Planning and Management, Telecommunications Section, RCU.

The review consisted of an on-site inspection, interviews with staff, reviews of procedures, and observation of institutional operations.

The purpose of the review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Communications.

Each area was reviewed and if there was an error it was reviewed with the FOL Radio Liaison to verify the issue. Overall, findings presented in the attached report represent the consensus.

Review of Radio Communications

Folsom State Prison

REVIEW SCOPE AND METHODOLOGY

The OAC and the RCU conducted an on-site review at FOL during the period of June 23 through 27, 2008. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of FOL's compliance by OAC.

The scope and methodology of this review was based upon written review procedures developed by the RCU.

A random sample of radios were reviewed, checking the Radio as to the Post Assignment, the Department of General Services (DGS) 'S' number and the radio serial number. Utilizing the inventory, matrix and AB 90/35 to prove the proper radio location, FOL was at 43% on radio placement.

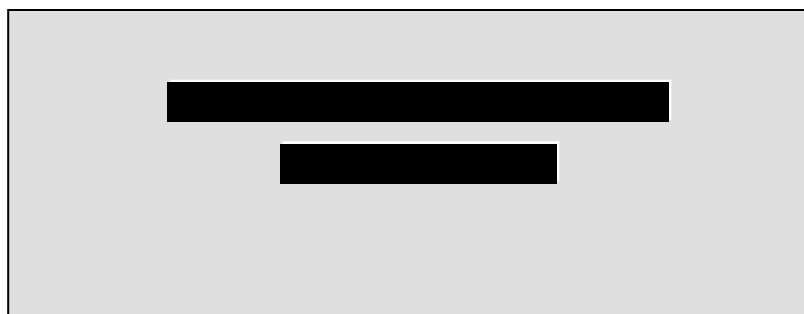
Recommendations are to provide on the job training to custody staff to insure the proper radio is assigned to the proper post and the importance of continuing the practice. FOL has no issues with usage of the 800 MHz Trunked Radio System and all FOL staff are following all required Public Safety Standards.

The Reviewer would also like to complement the Radio Liaison, Officer Peet as his organizational skills and overall help made this review a success.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS



FOLSOM STATE PRISON

JUNE 16 THROUGH JUNE 27, 2008

PRELIMINARY



CONDUCTED BY

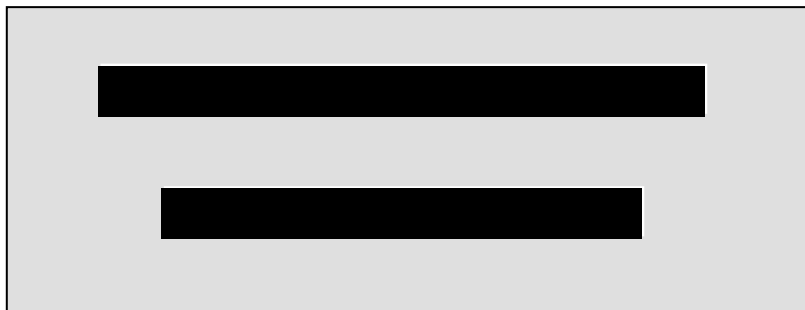
COMPLIANCE/PEER REVIEW BRANCH

CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION'S

OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS



COMPLIANCE/PEER REVIEW BRANCH

June 23 through June 27, 2008

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Relationship Duration	Percentage of Respondents
Less than 1 year	15%
1 to 5 years	45%
More than 5 years	40%

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Response	Percentage
Yes, the U.S. should take action to address climate change	95%
No, the U.S. should not take action to address climate change	5%

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Age Group	Should Take Action (%)	Should Not Take Action (%)
18-29	85	15
30-49	85	15
50-69	85	15
70+	85	15

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A horizontal bar chart consisting of 25 rows. Each row contains a single black bar. The bars vary in length, with some being very short (e.g., the 1st, 10th, 14th, 18th, 21st, and 24th rows) and others being nearly the full width of the chart area (e.g., the 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 11th, 12th, 13th, 15th, 16th, 17th, 19th, 20th, 22nd, 23rd, and 25th rows). The bars are distributed across the width of the chart area, with some being very short and others nearly spanning the entire width.

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(Authority cited: DOM, Restricted Section 55020.7.)

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CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS

CASE RECORDS

FOLSOM STATE PRISON

JUNE 23 THROUGH 27, 2008

The seal of the California Department of Corrections and Rehabilitation is a circular emblem. It features a green outer ring with the text "DEPARTMENT OF CORRECTIONS AND REHABILITATION" at the top and "STATE OF CALIFORNIA" at the bottom, separated by two gold stars. The center of the seal depicts a golden scale of justice and a map of California.

PRELIMINARY

CONDUCTED BY

CASE RECORDS ADMIN

FOLSOM STATE PRISON COMPLIANCE REVIEW

Correctional Case Records Services lead a three member team comprised of Kathy Moore, Correctional Case Records Administrator, Diane Ramback, Correctional Case Records Supervisor, Sierra Conservation Center, Chris Dzioba, Correctional Case Records Supervisor, Correctional Training Facility to conduct a compliance review June 23 - 27, 2008 of specific areas within the Folsom State Prison records office.

Administrative staff and the Correctional Case Records Manager were aware of this review in advance and all staff was cooperative and assisted with providing information to the review team when requested.

The two primary areas reviewed were:

1. Holds, Warrants and Detainers (HWD)
2. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

This review consisted of 29 Central Files of recently paroled inmates and an additional 37 Central Files for HWD purposes for a total of 66 Central Files reviewed.

HOLDS, WARRANTS AND DETAINERS (HWD)

Reference: DOM Section 72040.5 & 72040.5.1 & 72040.5.3 & CR 97/04

"The HWD system ensures that information regarding any specific or potential detainer is recorded and called to staff attention within four hours of receipt to determine what effect, if any, the hold might have on an inmate's custody."

"The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log."

"The HWD Coordinator's initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit."

"If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contacting the designated staff person responsible for evaluating the potential detainer..."

FOLSOM STATE PRISON COMPLIANCE REVIEW

“Release Prior to Parole. It is imperative that when an inmate is released prior to their parole date, pursuant to Penal Code Section 4755, that a CDC Form 801, Detainer, accompanies the inmate to ensure that he/she remains in custody until his/her actual parole date.”

Reference: DOM Section 72040.9 & CR 99/23
“When the records office receives notification that a detainer previously placed on an inmate has been dropped or expired, the HWD computerized history for that detainer shall be deleted”.

Reference: DOM Section 72040.6.1 & 72040.6.2 & CR 95/01 & CR 02/06
“If the detainer is from a California agency for untried charges, the inmate may request disposition of pending charges by filing a CDC Form 643, Demand for Trial in accordance with the provisions of PC 1381”.

“Case records staff shall mail the CDC Form 643 to the DA by certified mail, return receipt requested”.

“PC 1381 stipulates a person must be brought to trial within 90 days after written notification of the place of confinement. The 90-day period starts the day the DA acknowledges receipt of the CDC Form 643”.

“If the inmate is not brought to trial at the conclusion of the 90-day period, case records staff shall prepare:

A CDC Form 668, Affidavit in Support of Motion to Dismiss Pending Charges.

A CDC Form 669, Motion to Dismiss Criminal Charges Pending.

A CDC Form 670, Order of Dismissal.

A CDC Form 1006, Cover Memo - Motion to Dismiss.

All of these forms shall be forwarded to the court having jurisdiction of the Matter”

Desk Procedures for the HWD clerical staff were reviewed. Clerical staff was interviewed and they explained verbally the processes. The desk procedures are well written however not always complete to reflect the full processes for returned Letters of Inquiry (LOI's) and the HWD process for Time Servers are not included at all in the procedures.

The clerical staff interviewed is not aware of the Time Server Log process or that when LOI's are returned with a disposition other than charges dismissed they should be evaluated at a level of not less than Case Records Analyst. They currently just file them in the central file.

FOLSOM STATE PRISON COMPLIANCE REVIEW

There was one case reviewed which had a one-year Time Server Minute Order in the file. The Minute Order and the CDC 850A was located under the CLETS Printouts and not separated with a divider to reflect Time Server or an Expiration Date. This Time Server case was also not entered into the Offender Based Information System (OBIS) as a hold.

T02813 Fleming

In the central files reviewed it was noted that the HWD Section in many of the files were not organized with dividers for each LOI. In the desk procedures it has procedures for the Order of Filing. This makes the HWD Section much easier to review the LOI's, dispositions, etc., and ensure nothing is overlooked or missed.

T19768 Norton
F56423 Morales
F32307 Edwards

In one of the cases reviewed the CDC 850 was not posted with the LOI response from the responding agency as the desk procedure directs.

F75997 Aranda

There were three cases reviewed where the incorrect Warrant Number was posted to the CDC 112 and/or entered incorrectly into OBIS. These were all Immigration Cases. Specifics are listed below:

F53690 Vargas – The Warrant Number on the Detainer issued by Immigration is A090104961. Posted to the CDC 112 as A0901047961.

G02397 Guerra – The Warrant Number on the Detainer issued by Immigration is A046950351. Posted to the CDC 112 and entered into OBIS as A46950351.
**Noted this information was posted to the CDC 112 and entered into OBIS at another institution, however this discrepancy should have been corrected upon intake at the current institution.

G01278 Hussein – The Warrant Number on the Detainer issued by Immigration is 96361815. Posted to the CDC 112 and entered into OBIS as **A096361815**.

Also, postings to the CDC 112 should be in accordance with policy and procedure CR 03/24.

Holds are dropped from KCHD when inmates are paroled to a hold. Of the parole cases reviewed, there were five cases that paroled to a hold where review of the KCHD system reflected the hold had not been removed/deleted from the system.

FOLSOM STATE PRISON COMPLIANCE REVIEW

F93771 Mikhalenko
F65687 Radtke
V58905 Gonzales
F14312 Ledezma
F50558 Aguilar

In one case reviewed it appeared a demand for trial pursuant to PC 1381 was initiated, however the CDC Form 643 to the District Attorney (DA) was not present in the file or with the HWD clerk. The return receipt was in the file however it had been addressed to the Police Department that placed the Detainer instead of the DA. Also, in this case there are two Detainers noted with different Warrant Numbers and it is not certain that a CDC Form 643 was initiated for both cases. There is not a date to reflect when the CDC Form 643 was sent to the Agency and nothing noted as to any follow-up. When speaking with the HWD Clerical Staff it was determined they do not have a tracking system set up to monitor when the ninety day time period starts. The procedure for processing the PC 1381 is a part of the desk procedure however the procedure is not being followed. Also in this case the CDC 112 was posted with the same Warrant Number instead of the two different Warrant Numbers.

F84573 Kincherlow

General Findings

In the Holds, Warrants and Detainer portion of the audit, 19 components were reviewed. There were five areas listed below that need to be brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- Holds are not being dropped in the KCHD system after the inmate is released on parole.
- Desk procedures need to be updated to ensure all HWD processes are incorporated into the procedures.
- Re-instate the Time Server Log.
- Develop a tracking system for PC 1381 process to ensure the 90 day time frame is met.
- Warrant information not accurately reflected in OBIS and on the CDC 112.

Recommendations:

- On the job training should be provided and documented for the Correctional Case Records Analyst, Correctional Case Records Supervisor, clerical staff and Program Technicians to ensure appropriate OBIS entries and information is recorded accurately.
- Ensure desk procedures are current and consistent.

FOLSOM STATE PRISON COMPLIANCE REVIEW

- Provide training to the Program Technician's (PT's) and Supervisor over the PT's for removing holds in the KCHD for inmate's that have paroled.
- Provide training for the staff responsible for entering warrant information into the KCHD system.
- Provide training for the appropriate staff who are responsible for sending out the Letter of Inquiry and documenting information on the CDC 850. Ensure this process is reflected in the desk procedure.
- Provide documented training for the HWD clerical and ensure the Desk procedures are brought up to date and includes all HWD processes.
- Ensure compliance with Departmental Policy and procedures.
- Assign a HWD Coordinator at a level of not less than a Correctional Case Records Analyst pursuant to Departmental Operations Manual to review, and document potential and actual hold information and ensure LOI's and the CDC 661 process is being completed accurately.

WARDEN'S CHECKOUT ORDER (CDC 161)

Reference: DOM Section 74070.3

"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."

"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."

Reference: DOM Section 74070.21

"The following data shall be typed on the CDC Form 161:

- *Date of Release*
- *Type of Release*
- *CDC number*
- *Commitment name*
- *Controlling Discharge Date*
- *Name of parole unit and county of residence*
- *Parole Region*
- *Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

"The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS".

Reference: Instructional Memorandum (CR 01/14)

FOLSOM STATE PRISON COMPLIANCE REVIEW

“...The CDC Form 161, Warden’s Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement...”

“...the Warden’s Checkout Order must include a notation above the Case Records staff’s signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable.”

Reference: Instructional Memorandum (CR 99/69)

“... Early/Late Release Reports should be prepared at the time of discovery and forwarded to Case Records, central office within a few days”.

The Early/Late Release Report is promptly submitted to Case Records Services. In reviewing the early/late releases with the Case Records Manager, there were none to report.

Desk Procedures for the Parole desk clerical staff were reviewed. Clerical staff were interviewed and state they refer to their desk procedures frequently. They explained verbally the processes they are familiar with and when necessary they review procedures for those processes they are still learning.

Central files were reviewed for inmates/parolees who were released from Folsom State Prison during the preceding three weeks of the review.

There were 29 cases reviewed and the overall findings are as follows:

The Warden’s Checkout Orders are to include a check in the boxes for the notices pursuant to PC 3058.6, PC 3058.8, etc., or N/A if not applicable. This procedure is not being followed. Of the 29 cases reviewed none reflected N/A when not applicable in the appropriate box. However, a separate box has been incorporated on the Warden’s Checkout Order to reflect ‘Not Applicable’ when none of the notices are applicable. If only one notice is applicable, that box is checked but none of the other boxes reflect N/A

There was one case that the Penal Code (PC) Section 3058.6 Notice had not been checked, however the inmate was a violent offender and had been sentenced pursuant to PC Section 2933.1. This information was reflected on the Legal Status Summary as well as documented on the CDC 112.

F93771 Mikhalenko

General Findings

In the CDC Form 161 Warden’s Checkout Order portion of the audit, 3 components were reviewed. There are two areas listed below that needs to be

FOLSOM STATE PRISON COMPLIANCE REVIEW

brought into compliance with the current policies and procedures as indicated in the above review portion of this report:

- The Notices Sent Pursuant to PC 3058.6, PC 3058.8, etc., on the CDC Form 161 Warden's Checkout Order need to include N/A, not applicable for those that do not apply.
- Reviewing the information on the CDC 161 Warden's Checkout Order for accuracy prior to sign-off.

Recommendations

On the job training should be provided and documented for the Correctional Case Records Analyst, Correctional Case Records Supervisor, or any of the staff responsible for reviewing and signing off the CDC 161 Warden's Checkout Order's.

STAFF VACANCIES

The vacancies are reported as follows:

One Correctional Case Records Supervisor

One Office Services Manager I

Two Correctional Case Records Analysts

One Office Assistant –Re-Directed to the ERO Office.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS



FOLSOM STATE PRISON

JUNE 16 THROUGH 27, 2008

PRELIMINARY



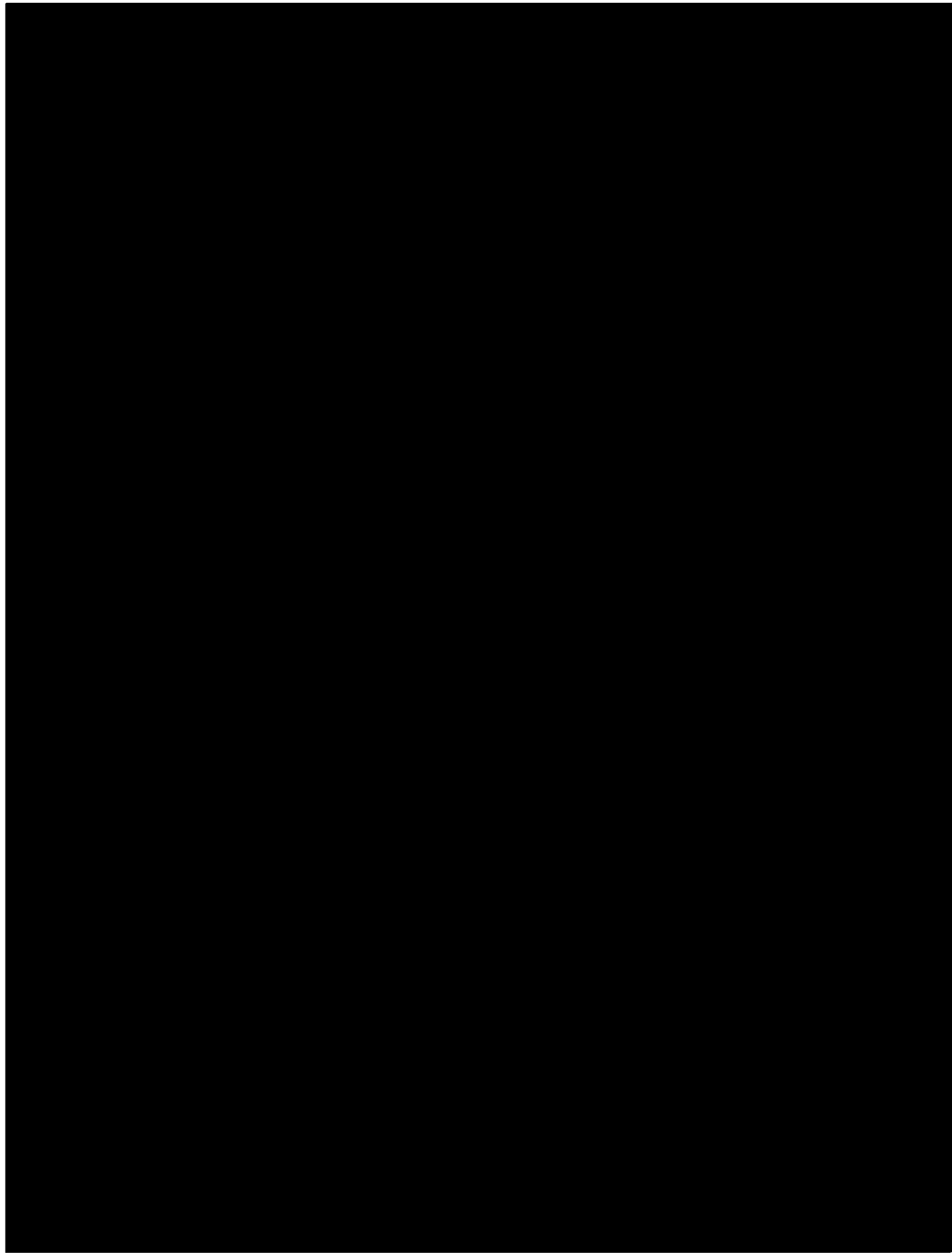
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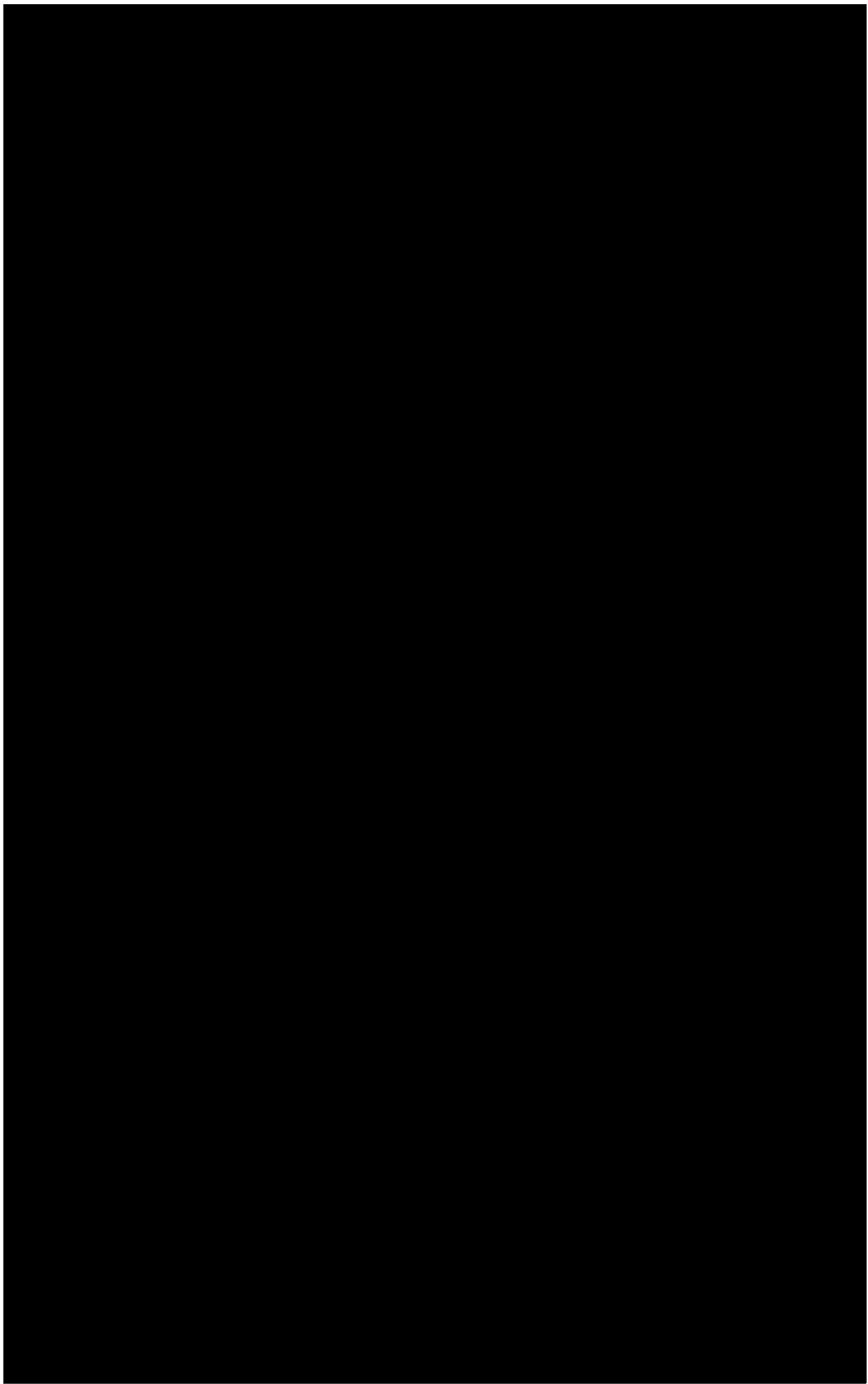
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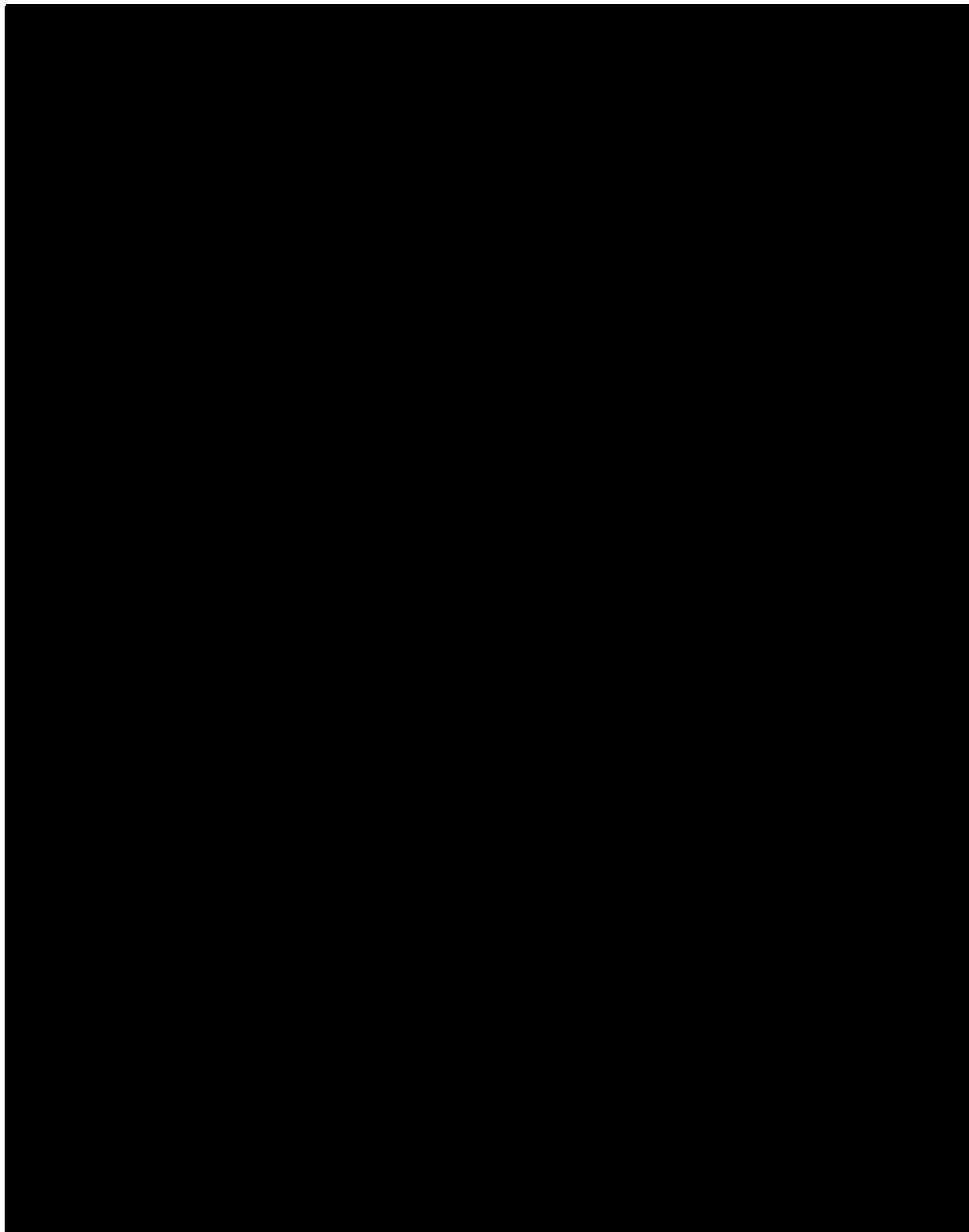
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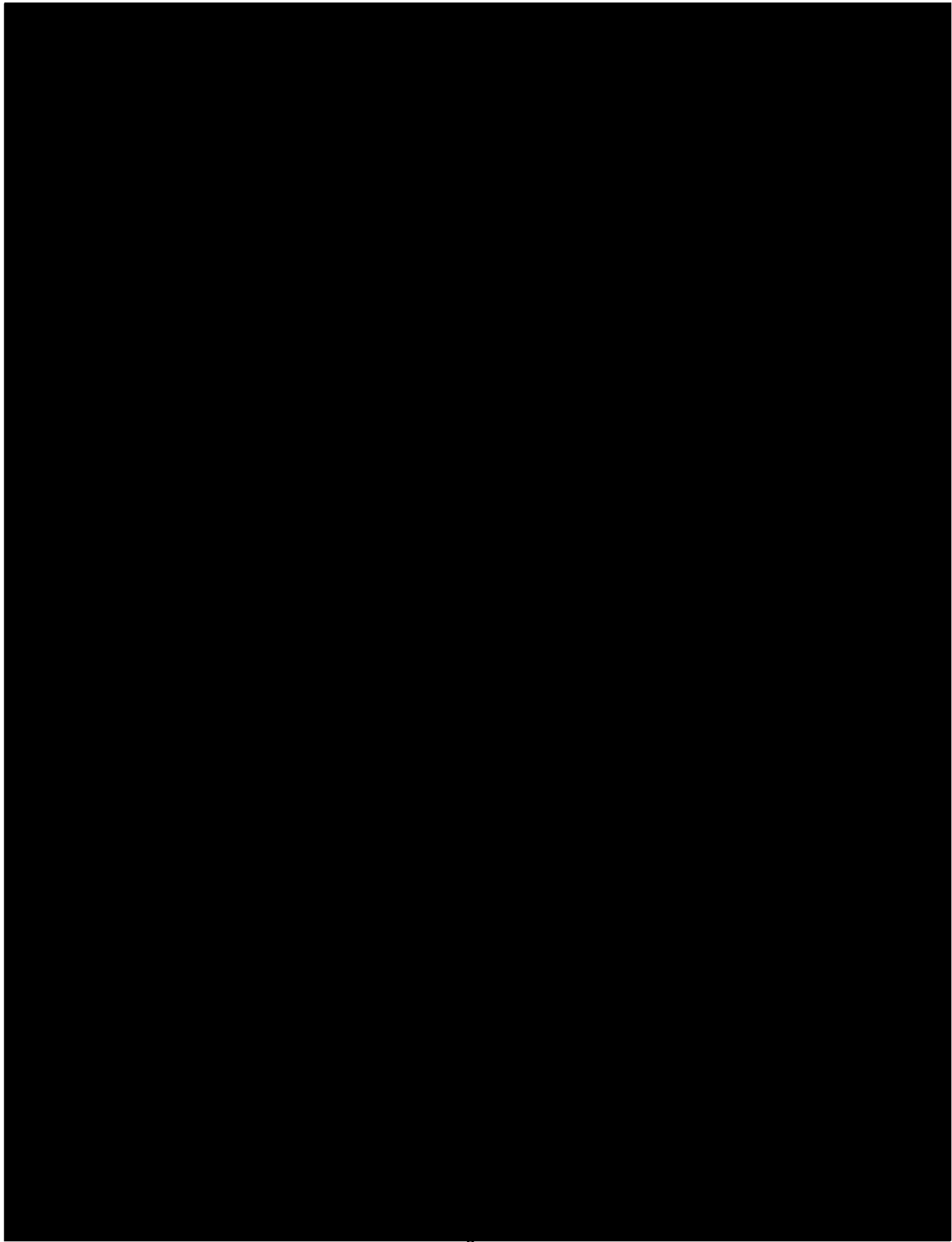












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